

PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____ Phone: _____
 Address: _____ City/ST/Zip: _____
 Allergies: _____ NKDA Weight: _____ lbs kg Height: _____ in cm
Patient Status: New to Therapy Dose or Frequency Change Order Renewal

INSURANCE INFORMATION: Please attach copy of insurance card (front and back).

DIAGNOSIS*

***ICD 10 Code Required** Contact with and (suspected) exposure to human immunodeficiency virus (HIV), ICD10 Z20.6
 Other: _____, ICD10 _____

INFUSION ORDERS

MEDICATION	DOSE	DIRECTIONS and DURATION
Apretude® (Cabotegravir)	600mg	<input type="checkbox"/> INITIAL: Inject IM once monthly x 2 doses, then once every 2 months (± 7 days) x 1 year <input type="checkbox"/> MAINTENANCE: Inject IM once every 2 months (± 7 days) x 1 year

Is patient currently receiving therapy above from another facility?
 Yes No
 If yes, Facility Name: _____
 Date of last treatment: _____ Date of next treatment: _____

PRE-MEDICATION ORDERS

No premeds ordered at this time
 Acetaminophen 650mg PO Diphenhydramine 25mg PO
 Methylprednisolone 40mg IVP -OR- Hydrocortisone 100mg IVP
 Other: _____

LAB ORDERS

Labs to be drawn by: Infusion Center Referring Physician
 No labs ordered at this time
 HIV Viral load q _____ CD4 q _____ LFTs q _____
 Other: _____

REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____
 Physician Name: _____ Provider NPI: _____ Specialty: _____
 Address: _____ City/ST/Zip: _____
 Contact Person: _____ Phone #: _____ Fax #: _____
 Email Where Follow Up Documentation Should Be Sent: _____

REQUIRED CLINICAL DOCUMENTATION

Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.

Clinical Information, select all that apply:

- Apretude is used for HIV-1 pre-exposure prophylaxis (PrEP).
- The patient is negative for HIV-1.
- The patient is not an appropriate candidate for oral PrEP.
- Provider attests that patient understands the risks of missed doses of Apretude and can adhere to the required injection appointments.

LAB AND TEST RESULTS (required)

HIV-1 test (negative)
 Other: _____