# APRETUDE
(cabotegravir)

FLEXCARE INFUSION CENTERS

## PATIENT DEMOGRAPHICS

| | |
|---|---|
| Patient Name: | Patient's Phone Number: |
| Date of Birth: | Address: |
| Allergies: See List ☐ NKDA ☐ | City, State, Zip: |
| Weight:_____lbs or _____kg | Patient's Email: |

## REQUIRED DOCUMENTATION

• Insurance Card • History & Physical • Patient Demographics • Most Recent Labs • Medication List

• Negative HIV Test Date: _____

## PRIMARY DIAGNOSIS

☐ Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
☐ Z11.4 Encounter for screening for human immunodeficiency virus (HIV)
☐ Z20.5 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
☐ Z20.6 Contact with and (suspected) exposure to HIV
☐ Z72.51 High-risk heterosexual behavior
☐ Z72.52 High-risk homosexual behavior
☐ Z72.53 High-risk bisexual behavior
☐ Other: _____

## LAB ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

## PRE-MEDICATIONS

☑ Per infusion clinic protocol: No recommended standard pre-meds for Apretude.
☐ Provider Prescribed: _____

## PRIMARY MEDICATION ORDER

☐ Apretude 600mg IM monthly x 2 months, followed by Apretude 600mg IM every 2 months thereafter
☐ Other: _____

** ☐ Check here if the referring provider will prescribe and manage optional oral lead-in. Start date of oral lead-in: _____

First Dose: ☐ Y ☐ N ☑ Refill x12 months unless otherwise noted: _____

## ADVERSE REACTION & ANAPHYLAXIS ORDERS

☑ Administer acute infusion and anaphylaxis medications per FlexCare Infusion Centers' protocol
(See flexcareinfusion.com for detailed policy)
☐ Other: Please fax other reaction orders if checking this box

## PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

| | |
|---|---|
| Provider Name: | Office Contact: |
| Address: | Phone: |
| City, State, Zip: | ☐ Fax: |
| NPI **AND** License: | ☐ Email: |

Provider Signature _____ Date _____

**FAX: (888) 219-8102 | EMAIL: orders@flexcareinfusion.com | VISIT: flexcareinfusion.com/referrals**