Apretude

(cabotegravir)



PATIEN	T DEMOG	RAPHIC INF	ORMATION				
				Phone:			
	RY DIAGNO						
Z11.4 E Z20.5 (Z20.6 (Z72.51 Z72.52 Z72.53 Other:	ncounter fo Contact wit Contact wit High-risk h High-risk b	r screening for hand (suspect hand (suspect hand (suspect hand) becaused by the comosexual becaused because and becaused because and becaused because and becau	cted) exposure to HI' ehavior ehavior	ficiency ections wi	ith a pred		transmission sexual mode of transmission
PRESCI	RIPTION						
Apretude)						
	_		2 months, followed b			ıg IM every	2 months thereafter
			his medication in the			No	
REQUIR	RED DOCU	MENTATIO	N				
•Insuran	ce Card		 Patient Dem 	ographics	3		 Most recent labs
•H&P			 Medication L 	₋ist			 Negative HIV Test
	ARY ORDI						
ADVERS	E REACTIO	N & ANAPHY	LAXIS ORDERS				
Infus • Epin	sion Care Ce ephrine (weigl	enters' protoc	l anaphylaxis medica Ol (See aiscaregroup.com PRN per protocol TOCOL			ced	Other: Please fax other reaction orders if checking this box
Per infusion center protocol: No recommended standard pre-meds for Apretude							
	ider Prescri						
LABORE	DERS-PLE	ASE INCLUD	E FREQUENCY				
Plea	se list any la	ıbs to be draw	n by the infusion clin	ic:			
PRESCI	RIBER INF	ORMATION					
Prescribe	r Name:						Phone:
Office Contact Person: Email:							
Prescriber Signature:							Date:

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Fax: 855.217.1930 | Phone: 800.482.8466 | Email: AICCreferrals@aiscaregroup.com | Visit: aiscaregroup.com/patient-referral-forms/