

Cabotegravir (Apretude)

Provider Order Form rev. 2/6/2026



PROVIDERS: Please include the following information to expedite the order:
Patient Demographic, most recent Office Visit Note, Insurance Information, Recent Labs

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code: Z29.81 Other: _____
Description: _____
 NKDA Allergies: _____ Weight (lb/kg) _____
Patient Status: New to Therapy New to Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

- HIV-RNA/HIV Ab* 5-7 days prior to each injection. List results here: _____
- Recent LFT results: _____ (attach clinicals)
- Utilize Hypersensitivity protocol established by Redeemer Health Infusion and PI
- Provide nursing care and observation per Redeemer Health Infusion Policies and Procedures

LABORATORY ORDERS

- LFTs at 3rd dose and every 6 months
- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____
- Please check this box if you do NOT authorize Redeemer Health Infusion to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

*Evaluate patients for active/latent HIV infection prior to and periodically during treatment with Apretude. If HIV +, consultation with provider for treatment of HIV is recommended and stopping Apretude as may lead to treatment resistance.

Special Instructions:

- Please check this box if you DO NOT authorize Redeemer Health Infusion to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

PRE-MEDICATION ORDERS

Not usually indicated for this medication.

- acetaminophen (Tylenol) 500 mg/ 650 mg/ 1000 mg PO
- cetirizine (Zyrtec) 10 mg PO
- loratadine (Claritin) 10 mg PO
- diphenhydramine (Benadryl) 25 mg/ 50 mg PO/ IV
- methylprednisolone (Solu-Medrol) 40 mg/ 125 mg IV
- hydrocortisone (Solu-Cortef) 100 mg IV
- Other: _____
Dose: _____ Route: _____
Frequency: _____

THERAPY ADMINISTRATION

- Cabotegravir (Apretude) IM injection
- **Induction/Maintenance**
 - **Dose:** 600 mg Other: _____
 - Start with 3 days of PO Cabotegravir dose if oral lead in uses. May give 2nd injection up to 7 days before or after scheduled dose.
- **Frequency:** every 2 months Other: _____
- **Route:** Intramuscular
- Patient is required to stay for 30-minute observation**
- Refills: Zero/ for 12 months/ Other: _____
(If not indicated, order will expire one year from date signed)

To ensure a brand name product is dispensed, the prescriber must *handwrite "Brand Medically Necessary"* on the prescription form. If not indicated, Redeemer Infusion is authorized to administer a generic or

Provider Name (Print)

Provider Signature

Date