INTRAMED Plus
infusion services

APRETUDE®

INFUSION & MEDICAL CENTER

1. Patient Name _____ **DOB** _____ **Patient Phone/Cell #** _____

Patient demographic and insurance information to be faxed with Infusion Order Form

2. Medical Information (Please select primary diagnosis and complete ICD-10 Code):

Primary Diagnosis:

_____ Contact with and (suspected) exposure — ICD-10 Code: Z20. _____

_____ Encounter for HIV pre-exposure prophylaxis — ICD-10 Code: Z29.81

_____ High-risk sexual behavior — ICD-10 Code: Z72.5 _____

_____ Other: _____ ICD-10 Code: _____

Allergies: _____ (or attach list)

3. Clinical Information — Please fax with Infusion Order Form:

- Clinical documentation supporting primary diagnosis
- Recent Lab/Test Results including:
  - o Negative HIV-1 results
- Medication List
  - o If an oral lead-in is used, initiation injections should be administered on the last day of oral lead-in or within 3 days. Date of oral lead-in therapy completion: _____
- Lab Orders: _____ **Frequency:** ❑ Every injection ❑ Other: _____

Patient
Weight: _____ lbs.
Height _____ in.

APRETUDE® (cabotegravir ER inj) J Code: J0739

4. Drug Order:

❑ Loading Dose

Administer 600 mg intramuscularly once monthly for two consecutive months; Month 1 & 2

Doses Authorized: 2 (two)

❑ Maintenance Regimen *

Administer 600 mg intramuscularly once every two months — Doses Authorized: 6 (six)

*if following loading dose then start maintenance on Month 4

Pre-Medication Orders: _____

No Pre-medications are recommended based on manufacturer guidelines.

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing our services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. Physician Signature: _____ / _____ Date: _____

Dispense as written — Substitution permitted

Printed Physician's Name with Credentials: _____ Phone #: _____

FAX ALL INFORMATION	INFUSION CENTER LOCATIONS
CENTRAL FAX **803.999.1754**	BERKELEY CHARLESTON COLUMBIA GREENVILLE CENTRAL INTAKE PHONE 803.999.1760

JAN 2024