

APRETUDE® (cabptegravir) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

| | | | |
|-------------------------|---------------------|----------------------|-------------|
| DOB: | Patient Name: | Patient Phone: | |
| Patient Address: | | Patient Email: | |
| NKDA Allergies: | Weight (lbs/kg): | Height: | |
| ICD-10 code (required): | ICD-10 description: | Last Treatment Date: | Last 4 SSN: |

PROVIDER INFORMATION

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

NURSING

Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

CBC At each dose every _____
CMP At each dose every _____
HIV-RNA At each dose every _____
HIV Ab At each dose every _____
LFT's to be drawn at 3rd dose and every 6 months

Required Labs: HIV-1 RNA and antibody within 7 days of each dose.
Liver function tests required at third dose and every six months.

APRETUDE THERAPY ADMINISTRATION

600 mg IM every month x 2 then every 2 months
600 mg IM every two months

REQUIRED DOCUMENTATION

- Patient Demographics
- Insurance Card/Information
- Progress Notes Supporting DX
- Current Medication List and H&P
- HIV RNA and Antibody
- Liver Function Test

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted.**

Provider Name (Print) _____ Provider Signature _____ Date _____

Fax Numbers

| | | |
|------------------------|--------------------------|-----------------------------|
| Virginia: 804-500-5941 | Nevada: 702-489-5744 | Massachusetts: 800-540-1852 |
| Colorado: 303-418-4679 | New Jersey: 609-955-3711 | Pennsylvania: 215-399-9244 |
| Florida: 904-930-4211 | Ohio: 216-400-0674 | New York: 800-540-1852 |
| Texas: 469-340-0044 | Oklahoma: 918-770-4421 | Connecticut: 203-724-4838 |

Have a Question? (720) 902-4111
Email Referrals To: referrals@vivoinfusion.com
Email Specialty Referrals to: info@specialtyinfusion.com