



Web: www.AgileIV.com | Tel: (201) 751-2202 | Fax: (201) 266-0437 | Email: info@AgileIV.com

APRETUDE MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ Patient's weight in pounds _____

■ Diagnosis

- 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

■ Details Needed for Approval *Please answer all questions and provide supporting documentation.*

- Does the patient weigh at least 35kg/77lb? _____
- Is the patient HIV negative? _____ Provide current lab test showing negative HIV-1 RNA and antibodies on lab letterhead.
- Does the patient have any signs or symptoms of acute HIV infection? _____
- Is the patient considered to be at risk or high risk* for acquiring HIV infection? _____
- Has the patient tried and failed emtricitabine/tenofovir disoproxil fumarate (Truvada)? _____
 - If not, what is the specific reason Truvada is contraindicated? _____
- Are you a specialist in HIV or infectious disease? _____ If not, have you consulted a specialist, and who? _____
- Has your office already enrolled the patient in ViiVConnect? _____
- Please send base LFTs on lab letterhead.

Important note: Agile Infusion arranges for medication administration only. Ongoing care and maintenance continues to be provided by the prescriber. It is highly recommended to obtain LFTs after the 3rd dose and then every 6 months thereafter while the patient is using Apretude, due to potential hepatotoxicity. HIV antibody/antigen testing and viral load testing is required 5-7 days prior to each Apretude injection.

Important Note: If the patient tests positive for HIV at any point, Agile Infusion must be immediately advised, as that is a contraindication for administering Apretude.

* High risk per the HPTN 083 clinical trial includes any condomless receptive anal intercourse in the 6 months prior to enrollment, more than five partners in the 6 months prior to enrollment, any stimulant drug use in the 6 months prior to enrollment, rectal or urethral gonorrhea or chlamydia or incident syphilis in the 6 months prior to enrollment, and/or SexPro score of less than or equal to 16.

■ Medication Order

- Initial phase of 600mg IM gluteal injection monthly, for two months.
 - If the patient is using an oral lead-in, the first dose should be on the last day of the lead-in (+ up to 3 days). What will the date of the last oral lead-in dose be? _____ If an oral lead-in will not be used, please check this box:
- Maintenance phase of 600mg IM gluteal injection every other month (+/- 7 days) for _____ months. (Start 2 months after 2nd initial dose.)
 - If the patient is not already getting their Apretude at Agile Infusion, what was the date of the prior dose? _____

Nurse instructions: Let the Apretude carton come to room temperature. FDA approval is for gluteal IM injection only. Follow the manufacturer's instructions for preparation and administration, inject the full amount in the syringe, and discard in a sharps box.

■ Rescue Management in Case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

■ Ordering Provider Authorization

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.