

# APRETUDE ORDER FORM

PLEASE EMAIL COMPLETED FORM AND SUPPORTING DOCUMENTATION TO  
REFERRALS@WELLSINFUSION.COM. YOU CAN ALSO FAX IT TO 1-570-9INFUSE (1-570-946-3873)

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  Z72.52 High-risk homosexual behavior  
 Z72.51 High-risk heterosexual 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:** Wells 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, Wells 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 Wells 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.