

# Apretude Order (cabotegravir)



InfusionForHealth.com  
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Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**

- Demographics
- Current Lab Results (within 30 days)
- H & P Relevant to the Diagnosis
- Medication List
- HIV-1 Test
- Copy of Insurance Cards

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg    Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## APRETUDE (cabotegravir) Injection Dosage: 600 mg/3 mL ER Intramuscular (Gluteal) Injection Suspension

- Initiation with Oral Lead-In: Month 2 and Month 3 / Continuation: Month 5 and every 2 months thereafter
- Initiation Direct to Injection: Month 1 and Month 2 / Continuation: Month 4 and every 2 month thereafter
- Continuation: Every 2 months

**May be given 7 days before or after scheduled injection**