



PREMIER INFUSION CENTER

Apertude (cabotegravir) Injection Order Form

 405-442-7577  405-442-7223

 orders@premierinfusioncenter.com

Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ lb/kg
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

◆ Diagnosis (ICD-10 Selection)

- ☐ Z20.6 – Contact with and (suspected) exposure to HIV
☐ B20 – HIV disease resulting in infectious and parasitic diseases
☐ Other: _____ **ICD-10 Code:** _____

◆ Injection Order

- ☐ 600 mg IM once monthly × 2 doses (Initiation Phase)
- ☐ 600 mg IM every 2 months (Maintenance Phase)
- ☐ Oral lead-in with Vocabria (cabotegravir): ☐ Yes ☐ No
- ☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

◆ Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line

☒ Flush per standard injection protocol

◆ Adverse Reaction & Anaphylaxis Orders

- ☒ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

◆ **Premedication (Optional)**

- ☐ Acetaminophen: ☐ 500 mg ☐ 650 mg ☐ 1000 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 40 mg ☐ 125 mg ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Other: _____ **Dose:** _____ **Route:** _____

◆ **Laboratory Monitoring**

- ☐ HIV-1 RNA and antibody
☐ LFTs (baseline, 3rd dose, then every 6 months)
☐ Other: _____
Frequency: ☐ Prior to each dose ☐ Baseline only ☐ Other: _____
☐ Physician office will order labs only

◆ **Clinical Documentation Checklist**

- ☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list

◆ **Ordering Provider & Demographics**

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / ____ / ____