

# McLeod Health

## Cabotegravir (Apretude) Treatment Plan

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

Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

Patient Primary Phone Number: \_\_\_\_\_

### Diagnosis (select one ICD-10 code):

☐ Z29.81 HIV Pre-Exposure Prophylaxis

☐ Z72.5\_\_\_ High risk sexual behavior

☐ Other/Secondary ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Drug Orders:

• Cabotegravir (Apretude) (J0739) 600 mg/3 mL administered subcutaneously via ventrogluteal site

• Order Frequency:

☐ Induction: Once monthly for 2 months

☐ Maintenance: Once every 2 months starting 2 months after completion of induction dosing

• Order Duration: One year unless otherwise specified (Other: \_\_\_\_\_)

### Standing Orders:

• Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pre-Screening Requirements:**

- Screen patient for acute or primary HIV-1 via FDA approved test prior to starting therapy and prior to each subsequent injection. Report test results to infusion site prior to each injection.

**Previous Therapies:**

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received cabotegravir at another facility, please provide last date received: \_\_\_\_\_

**Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

**Preferred Treatment Location**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> McLeod Regional Medical Center (Florence) | <input type="checkbox"/> McLeod Health Loris  | <input type="checkbox"/> McLeod Health Cheraw              |
| <input type="checkbox"/> McLeod Health Seacoast (Little River)     | <input type="checkbox"/> McLeod Health Dillon | <input type="checkbox"/> McLeod Health Clarendon (Manning) |

**Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at [medicationaccessteam@mcleodhealth.org](mailto:medicationaccessteam@mcleodhealth.org).**