PARAGON HEALTHCARE

APRETUDE INJECTION ORDERS

P: 877.365.5566 | **F:** 855.889.2946

PATIENT INFORMATION

☐ *Demographics Attached*

Patient Name: _____ DOB: _____ Phone: _____

Patient Status: ☐ New to Therapy ☐ Continuing Therapy **Next Treatment Date:**

INSURANCE INFORMATION: Please attach a copy of insurance cards (front and back)

MEDICAL INFORMATION

Diagnosis: _____ (ICD-10 Code:_____)

Patient Weight: _____ lbs. (required) Allergies: _____

☐ Clinical/progress notes, labs, tests supporting primary diagnosis attached

☐ HIV-1 RNA and antibody (required), LFTs (if available)

☐ Patient enrolled in ViiVConnect (1-844-588-3288)

Labs: Required labs to be drawn by ☐ Infusion Center ☐ Referring Provider

Lab Orders: HIV-1 RNA and antibody prior to each dose, LFTs at baseline, with 3rd dose, and Q6 months

THERAPY ORDER

☐ Apretude 600mg IM every month x 2 doses, then every 2 months thereafter (initial start)

- OR -

☐ Apretude 600mg IM every 2 months (maintenance dosing)

PROVIDER INFORMATION Orders are good for one year from the signature date

By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Provider Name: _____ Signature: _____ Date: _____

Provider NPI: _____ Phone: _____ Fax: _____ Contact Person: _____

☐ Opt out of Paragon selecting site of care (if checked, please list site of care):

SERVICE AREAS

☐ Atlanta ☐ Austin ☐ Birmingham ☐ Dallas/Fort Worth ☐ Denham Springs ☐ Denver ☐ East Texas
☐ Houston ☐ Huntsville ☐ Kansas City ☐ Knoxville ☐ Montgomery ☐ Nashville ☐ Oklahoma City
☐ Orlando ☐ San Antonio ☐ St. Louis ☐ Tampa ☐ West Texas