

PATIENT INFORMATION:

Fax completed form, insurance information, and clinical documentation to 855.889.2946

Patient Name: _____ DOB: _____ Phone: _____

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

MEDICAL INFORMATION

Diagnosis: _____

ICD-10 Code: _____

Patient Weight: _____ lbs. (patient must weigh >35kg)

Allergies: _____

THERAPY ORDER

Apretude 600mg IM every month x 2 doses, then every 2 months thereafter (initial start) x1 year

- OR -

Apretude 600mg IM every 2 months (maintenance dosing) x1 year

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

Other: _____

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

Additional orders: _____

PROVIDER INFORMATION

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): _____

PREFERRED LOCATION

City: _____ State: _____

View our locations here:



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REQUIRED DOCUMENTATION FOR REFERRAL PROCESSING & INSURANCE APPROVAL

- Include signed and completed order (MD/prescriber to complete page 1)
- Include patient demographic information and insurance information
- Include patient's medication list
- Supporting clinical notes (H&P) to support primary diagnosis including tried/failed medications
 - Has the patient tried and failed an oral PrEP? Yes No
 - Is the patient not a candidate for oral PrEP? Yes No
 - If no, list reason: _____
- Provider attestation that patient demonstrates treatment readiness (i.e., ability to adhere to injection appointments, required labs, etc.)
 - Is the patient taking an oral lead-in? Yes No If yes, initiate Apretude 1-month following the start of oral lead-in on the last day of the oral lead-in dose
- Labs attached (**HIV-1 RNA and antibody required, LFTs if available**)
- Patient enrolled in ViiVConnect (1-844-588-3288)
- Other medical necessity: _____

Paragon Healthcare will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.

Please fax all information to (855) 889-2946 or call (877) 365-5566 for assistance