ILLINOIS Department of Public Health

Ryan White Part B Program

Pre-exposure Prophylaxis Program (PreP)

Pre-Approval for APRETUDE (cabotegravir)

TELEPHONE: 888-311-7685 FAX: 800-848-4241 Ramsell

Prescriptions for APRETUDE are only available with pre-approval. You can click on the name of the medication to be taken directly to the specific prescribing guidelines. If all the below requirements are met, the medication will be approved for 2 months for initial request and 6 months for reauthorizations.

To be eligible for this pre-approval, a client must meet all of the following:

- Must be at least 12 years old and weight at least 35kg (77 lbs); AND
- Must have documentation of a negative HIV RNA test result within 1 week before initial injection; AND
- Is NOT taking any of the following concomitantly with Apretude:
  - Rifampin or Rifapentine
  - Carbamazepine, oxcarbazepine, phenobarbital or phenytoin;
  - Any other antiretroviral therapy;

First Name	Middle Initial	Last Name
Member ID	**Date of Birth**	**RW ID (if known)**

Drug name, form and strength	Quantity requested:	Day supply:

Is this an initial or reauthorization request?	Patient Weight
☐ Initial ☐ Reauthorization	
Is the patient HIV RNA negative?	**Is the patient taking any of the medications listed?**
☐ YES ☐ NO	☐ Rifampin or Rifapentine ☐ Cabamazepine, Oxcarbamezepine, Phenobarbital, or Phenytoin ☐ any other antiretroviral therapy

Provider must acknowledge the following with initials:

_____ I have reviewed the prescribing guidelines for possible interactions and issues of the medication regimen.

_____ Patient has been counseled on the high cost of treatment and is willing to be 100% adherent to treatment regimen.

Date:	**To the best of my knowledge, I certify that the above is accurate and true.**	
Provider Name (Print)	Provider Signature	
Clinic Name:	Phone #	Fax #
Pharmacy Name	Pharmacy Phone #	Fax #
REQUIRED DOCUMENTATION - Please check off and submit ALL required clinical notes/ lab reports in reference to this request. Failure to provide documentation will delay decision process.		
☐ Denied medication coverage by insurance plan (if applicable) ☐ Recent HIV viral load >1,000 copies/mL (within the last 6 months)		

Submit: Please fax completed application to Ramsell at **800-848-4241**.
For additional information, call the Ramsell Help Desk at: 1-888-311-7685.