



Apretude Pre-Assessment Questionnaire and Checklist

Checklist

- Compliance Assessment- Past Office Visits

Comments _____

- Insurance- notify us if any changes

Comments _____

- Injection Window Period 7 days before and after

Comments _____

- Required monthly and bi-monthly visit

Comments _____

- Oral PrEP switch if needed

- Disclaimer: They may have to switch to oral PrEP based on insurance requirements or noncompliance

Comments _____

- Are you taking any of the medications below: phenytoin, fosphenytoin, phenobarbital, primidone, oxcarbazepine, carbamazepine, rifampin, rifabutin, rifapentine?

Comments _____

- Gluteal Silicone Injection need further evaluation

Comments _____

Insurance Pre-Authorization Assessment

- Are you currently taking any medication for PrEP? _____

- What is the name of the medication that you are taking for PrEP? _____

- Can you tell me how you take that medication? _____

- Can you tell me how many doses you have missed in the past month? _____

- Have you taken nPEP in the past year? _____

- How many times have you been prescribed nPEP for an exposure? _____

- What current other medications are you taking? _____

- Review creatinine clearance _____

- History of bone fracture _____

- History of osteopenia or osteoporosis _____

- Other reason for Apretude _____