

**ORENCIA (abatacept)**

<b>Status</b>	<input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change			
<b>Diagnosis</b>	<input type="checkbox"/> ICD 10: M06.__ Rheumatoid Arthritis (RA) <input type="checkbox"/> ICD 10 Code: _____ Other: _____			
<b>Pertinent Medical Hx</b>	Patient's weight (most recent): _____ lbs / kg (circle one)    Date: _____ TB Status & Date: _____      Hepatitis B Status & Date: _____			
<b>Labs</b>	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician If Infusion Clinic: _____			
<b>Premeds</b>	<input type="checkbox"/> No premeds necessary <input type="checkbox"/> acetaminophen (Tylenol) <input type="checkbox"/> 500mg / <input type="checkbox"/> 650mg / <input type="checkbox"/> 1000mg PO <input type="checkbox"/> cetirizine (Zyrtec) 10mg PO      - <b>OR</b> - <input type="checkbox"/> diphenhydramine (Benadryl) 25mg PO <input type="checkbox"/> other: _____			
<b>IV Fluids</b>	<input type="checkbox"/> NS TKO <input type="checkbox"/> Other: _____			
<b>Medication Order</b>	Orenzia IV infusion (Total volume 100ml) over 30 minutes Dose: <input type="checkbox"/> 500mg (<60kg) <input type="checkbox"/> 750mg (60-100kg) <input type="checkbox"/> 1000mg (>100kg) Frequency: <input type="checkbox"/> Induction: Week 0, 2, 4, then every 4 weeks thereafter. <input type="checkbox"/> Maintenance: every 4 weeks. <input type="checkbox"/> other: _____ Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only.			
<b>Monitoring</b>	Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.			
<b>Additional Orders</b>	 			
<b>Physician Information</b>	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
○ Patient Demographics & Insurance Information:	– Copy of patient's insurance card – front and back
○ Clinical / Progress Notes, supporting primary diagnosis:	– 2 most recent office notes – Medication history
○ Most Recent Labs:	– CMP and CBC – TB screening (PPD, QFT Gold or TSpot) – Baseline Liver Enzymes

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