



Orencia (Abatacept)

Infusion/ Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Rheumatoid Arthritis ICD 10 Code: K51.90
- Systemic Juvenile Idiopathic Arthritis ICD 10 Code: M06.9
- Active Psoriatic Arthritis ICD 10 Code: L40.52

Required Labs

TB/QuantiferON (within 12 months & attach results)

Hepatitis B Status & Date: _____

Most recent CBC & CMP (attach results)

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Orencia Medication Order

Patient Weight: _____ KG

Infusion

Dosage

- 500mg IV 750mg IV 1000mg IV
- Other _____

Frequency

- Induction week 0, 2, 4 then every 4 weeks
- Maintenance every 4 weeks
- Other _____

Injection

Dosage

- 50mg 87.5mg 125mg

Frequency

- Weekly
- Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Location

- Eau Claire Weston Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____