



Checklist for Orenzia (abatacept) Referral

Patient Name: _____ DOB: _____ Date: _____

Referring Physician: _____ NPI: _____

Referring Office Contact/Title: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Best contact number for physician in case of reaction: _____

Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). *Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
 - Note should include any therapies tried/failed, and must include discussion about Orenzia
 - Medication list and allergies
- Supporting lab reports/orders for Orenzia treatment
 - *Required:* TB screening, Hepatitis B screening
 - *Recommended:* baseline CBC w diff
- Orenzia Prescribing Order (see attached)

-- We will obtain prior authorization and schedule your patient as soon as possible --

Fax all information to our Infusion Coordinator: 508-698-8671

Call with any questions: 781-551-5812 ext. 112

Visit our website: www.InfusionCenterNE.com

Email: info@infusioncenterne.com

Infusion Center of New England

9 Payson Road, Suite 100, Foxboro MA 02035

Ph: 781-551-5812

Fax: 508-698-8671



Prescribing Order: Orenzia (abatacept)

Date of Order: _____

New Start Maintenance

Date of last infusion: _____

Patient Name: _____ DOB: _____ M/F: _____

Diagnosis (include ICD-10 code/s): _____

NKDA Allergies: _____

Patient Weight: _____

Premedication:

Acetaminophen 1000mg PO

Loratadine 10mg or Cetirizine 10mg PO

Diphenhydramine 25mg PO

Diphenhydramine 25mg IV

Solu-medrol 125mg IV

Other: _____

Lab Orders:

Orenzia Medication Order

Orenzia IV dosing per table

Body Weight	Dose
< 60kg	500mg
60 – 100kg	750mg
> 100kg	1000mg

Frequency: Dose at 0, 2 and 4 weeks Maintenance dose every 4 weeks

Administration:

- Reconstitute Orenzia with sterile water and dilute with appropriate Normal Saline per dose. Administer via 0.2 micron filter intravenously over 30 min
- Do not administer if patient has active signs or symptoms of infection.
- In case of infusion reaction, STOP infusion and follow ICNE infusion reaction protocol. Notify physician.

Ordering Provider Name

NPI

Signature

Date

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