INFUSION CENTER OF NEW ENGLAND

Checklist for Orencia (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 Orencia
  - Medication list and allergies
- ❑ Supporting lab reports/orders for Orencia treatment
  - *Required*: TB screening, Hepatitis B screening
  - *Recommended*: baseline CBC w diff
- ❑ Orencia 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 option 4

Visit our website: www.InfusionCenterNE.com
Email: info@infusioncenterne.com

Infusion Center of New England
18 Washington Street, Foxboro MA 02035
Ph: 781-551-5812
Fax: 508-698-8671

Prescribing Order: Orencia (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:

_____

Orencia Medication Order

✓ Orencia 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 Orencia 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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