HONORHEALTH®

ABATACEPT
(Orencia)
Order Form

Outpatient Infusion

Patient Name	
DOB	
Address	
Phone	

Order Status	☐ New Order	☐ Renewal	☐ Dose or Frequency Change
Allergies:			**Weight:** **Height:**
Diagnosis	☐ Rheumatoid arthritis ☐ Psoriatic arthritis ☐ Other:		**Diagnosis Code:**
Required Information (please include labs attached)	Negative Quantiferon TB, T-spot or chest x-ray (no active disease)		Date:
	Diagnostic Hepatitis B panel		Date:
	CBC, CMP, +RF, Anti-CCP and CRP		Date:
Labs	☐ CBC, CMP every:		☐ Other:

Required Documentation

- H&P or progress note supporting diagnosis and any Hx of inadequate or failed prior therapy and reasons
- Medication history
- Recent labs (as above) and/or diagnostic test results
- For RA-continuation therapy requires 20% improvement from baseline in tender joint count, swollen joint count, pain or disability
- For Articular juvenile idiopathic arthritis 2 years of age or older-continuation-documented improvement from baseline of number of joints with active arthritis, number of joints with limitation of movement or functional ability.
- For PsA-continuation of therapy requires documentation of improvement in number of swollen joints, or number of tender joints, dactylitis, enthesitis, axial disease or skin and/or nail involvement

Pre-Medications

☐ Diphenhydramine ○ PO ○ IV ○ 25 mg ○ 50 mg ☐ Acetaminophen ○ 325 mg ○ 650 mg

☐ Other:

Medication Order

	IV dosing is according to body weight	Frequency
Orencia (abatacept)	☐ <60 kg: 500 mg ☐ 60 to 100 kg: 750 mg ☐ >100 kg: 1000 mg ☐ Other:	☐ Induction: Week 0, 2, 4, then every _____ weeks thereafter ☐ Maintenance: Every _____ weeks ☐ Other:

Infusion Reaction Medications

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

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OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- ☐ Glendale Infusion Clinic
  6220 W Bell Road, Glendale AZ 85308

- ☐ Osborn NSI Infusion Clinic
  7242 E Osborn Road Ste 340, Scottsdale AZ 85251

- ☐ Pima Infusion Clinic
  8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
  - Central Scheduling Phone: (623) 434-6138
  - Central Scheduling Fax: (602) 331-5765