

# Orencia (abatacept)

Provider Order Form rev. 5/20/2022



www.aleracare.com  
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## PATIENT INFORMATION

Patient Name:		DOB:		
Patient Phone:		Patient Email:		
NKDA	Allergies:	Weight lbs/kg:	Height:	
<b>Patient Status:</b>	New to Therapy	Continuing Therapy	Therapy Change	Next Due Date (if applicable):

## PROVIDER INFORMATION

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip Code:

## DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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### ICD-10 CODE

M06.9 Rheumatoid arthritis  
L40.50 Psoriatic Arthritis  
M08.40 Polyarticular juvenile idiopathic arthritis  
D89.813 Graft versus host disease, unspecified (aGVHD)  
Other: \_\_\_\_\_

### MEDICATION ORDER

#### Orencia (abatacept) - IV infusion

Dose:  
500mg IV      10mg/kg (maximum of 1,000mg)  
750mg IV      Other: \_\_\_\_\_  
1,000mg IV

Frequency:  
Initiation therapy: Administer at 0, 2 and 4 weeks then every 4 weeks thereafter

Maintenance: Every 4 weeks

aGVHD: Infuse over 60 minutes on the day before transplantation, followed by a dose on Day 5, 14 and 28 after transplant

#### Orencia (abatacept) - SC Injection

Dose:      50mg SC      87.5mg SC      125mg SC

Frequency:      once weekly

Order Expiration Date (mm/dd/yy): \_\_\_\_\_  
(If not indicated order will expire one year from date signature)

### PRE-MEDICATION ORDERS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO  
cetirizine (Zyrtec) 10mg PO  
loratadine (Claritin) 10mg PO  
diphenhydramine (Benadryl) 25mg 50mg / PO IV  
methylprednisolone (Solu-Medrol) 40mgIV 125mg IV  
hydrocortisone (Solu-Cortef) 100mg IV  
Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

Provider Name (Print)	Provider Signature	Date
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Check here if this is a stat order