

**Patient Information**

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
Last infusion date (if applicable):		_____	
Is the patient pregnant, planning a pregnancy or nursing:		Yes	No
Does the patient need interpreter services:		Yes	No

**Provider Information**

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

**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**

<b>Orencia (abatacept) IV INFUSION</b>	<b>Dose:</b>	500mg IV	750mg IV	1,000mg IV	10mg/kg (maximum of 1,000mg)
Other: _____					
<b>Frequency:</b>		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			

<b>Orencia (abatacept) SC INJECTION</b>	<b>Dose:</b>	50mg SC	87.5mg SC	125mg SC	<b>Frequency:</b>	once weekly
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**Documentation Required (Note: Send all labs, must include specific labs listed here)**

Labs (TB and Hep B)	Insurance Card (front and back)	Current Medications	History/Progress Notes
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**Pre-Medication Order**

<b>acetaminophen</b> (Tylenol)	500mg	650mg	1000mg PO	<b>diphenhydramine</b> (Benadryl)	25mg	50mg /	PO	IV
<b>cetirizine</b> (Zyrtec)	10mg PO			<b>methylprednisolone</b> (Solu-Medrol)	40mg IV	125mg IV		
<b>loratadine</b> (Claritin)	10mg PO			<b>hydrocortisone</b> (Solu-Cortef)	100mg IV			
Other: _____								
Dose: _____			Route: _____			Frequency: _____		

**Special Instructions (Prior therapy, treatment dates, and reasons for d/c)**

 \_\_\_\_\_  
**Provider Name**

 \_\_\_\_\_  
**Provider Signature**

 \_\_\_\_\_  
**Date**

Order Expiration Date (mm/dd/yy): \_\_\_\_\_ (If not indicated order will expire one year from date signature) Check here if this is a stat order