ORDERING OFFICE, ALSO FAX:
- Most recent labs
- Supporting clinicals / Recent H&P
- Insurance card, front and back

Abatacept (Orencia)
Provider Order Form

OIS
Ohio Infusion Services

Date:	Patient Name:		DOB:

ICD-10 code (required):

ICD-10 description:

☐ NKDA   Allergies: Weight lbs/kg:

Ordering Provider:	Provider NPI:

Referring Practice Name:	Phone:	Fax:

Practice Address:	City:	State:	Zip Code:

LABORATORY ORDERS

- ☐ CBC   ☐ at each dose   ☐ every _____
- ☐ CMP   ☐ at each dose   ☐ every _____
- ☐ CRP   ☐ at each dose   ☐ every _____
- ☐ Other:

PRE-MEDICATION ORDERS (ADMINISTER 30 MINUTES PRIOR TO PROCEDURE)

- ☐ acetaminophen (Tylenol)   ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
- ☐ cetirizine (Zyrtec) 10mg PO
- ☐ loratadine (Claritin) 10mg PO
- ☐ diphenhydramine (Benadryl)   ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
- ☐ methylprednisolone (Solu-Medrol)   ☐ 40mg / ☐ 125mg IV
- ☐ Other:
  Dose: Route: Frequency:

MEDICATION THERAPY

- ☐ abatacept (Orencia) in 100ml 0.9% sodium chloride, intravenous infusion over 30 minutes (use in line filter 0.2 to 1.2 micron)
  - o Dose: ☐ 500mg / ☐ 750mg / ☐ 1000mg / ☐ _____mg
  - o Frequency: ☐ induction: week 0, 2, and 4, then every 4 weeks /   ☐ maintenance: every 4 weeks / ☐ other: _____
  - o Route: ☑ intravenous
  - o Infuse over 30 minutes
  - o Remove equal volume from bag prior to adding medication
- ☐ Flush with 0.9% sodium chloride at the completion of infusion

- ☐ Patient is required to stay for 30-minute observation post infusion/injection
- ☐ Patient is NOT required to stay for observation time
- ☐ abatacept (Orencia) injection
  - o Dose: ☐ 50mg/ ☐ 87.5mg/ ☐ 125mg
  - o Frequency: ☐ weekly / ☐ other: _____
  - o Route: ☑ subcutaneous

- ☐ Patient is required to stay for 30-minute observation post infusion/injection
- ☐ Patient is NOT required to stay for observation time
- ☑ Refills: ☐ Zero / ☐ for 12 months / ☐ _____(if not indicated order will expire one year from date signed)

GENERAL PLAN COMMUNICATION

Special instructions/notes:

Ordering Provider: Initial here _____ and proceed to the next page.

ADULT REACTION MANAGEMENT

- ☐ Observe for **hypersensitivity reaction:** Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation
- ☐ If reaction occurs:
  - Stop infusion
  - Maintain/establish vascular access
  - Notify referring provider
  - Consider giving the following PRN
    1. Acetaminophen (Tylenol) 650mg PO **OR**_____mg for pain or fever > 38 C/100.4 F
    2. Diphenhydramine (Benadryl) 25-50mg in 10ml NS slow IV push for rash, itching, pruritis
    3. Ranitidine 25mg in 10ml NS slow IV push over 5 minutes (Consider if patient already given IV Benadryl)
    4. Ondansetron (Zofran) 4mg Slow IV push over 5 minutes for nausea or vomiting.
    5. Methylprednisolone (Solumedrol) 125mg **OR** _____mg slow IV push.
    6. Other _____
  - When symptoms resolve resume infusion at 50% previous rate and increase per manufacturer's guidelines

- ☐ **Severe allergic/anaphylactic reaction:**
  - If symptoms are <u>rapidly progressing or continuing</u> after administration of prn medications above and signs symptoms of <u>severe</u> <u>allergic/anaphylactic reaction</u> (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension.)
    1. Call 911
    2. Consider giving epinephrine (1:1000 strength) 0.3ml IM. May repeat every 5-15 minutes to a maximum of 3 doses.
    3. Treat hypotension with 500ml 0.9% sodium chloride bolus. Repeat as needed to maintain systolic BP >90.
    4. Have oxygen by nasal canula available and administer 2-15 liters, titrate to keep Spo2 >92%
    5. Have Automated External Defibrillator available
    6. Notify referring provider. If unable to reach referring provider, notify Local Medical Director.
    7. Discontinue treatment

Screen for latent TB infection prior to initiating therapy. Patients testing positive should be treated prior to initiating ORENCIA.

_____
Patient Name

_____
Patient Date of Birth

_____
Provider Name (Print)

_____
Provider Signature

_____
Date

Please fax the order form to (440) 443-0700

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