

Printed Physician's Name with Credentials: _____

<u>Phone: 1-800-809-1265 Fax: 1-866-872-8920</u>

9	STANDARD Orencia® (abatacept) PLAN OF T	REATMENT FOR RHEUMATOLOG	Y		
		acept if receiving antibiotics for ingression accept if receiving antibiotics for ingression acceptance of the company of the	or active infectious process, antifungal thera y status, and/or surgery.	ρy, active fever		
1. Patient Nam	e:		Height (inches):Weig	ght (lbs):		
3. Diagnosis	* Please complete the	2 nd and 3 rd digits to com	plete the ICD-10 code for billing			
	•	_	Rheumatoid Arthritis without R	heumatoid facto		
				neamatola factor		
			s prior to infusion as selected:			
*Product info		st premedication and su te infusion time and saf	ggest caution with use of Diphenhyd ety risks with driving.	Iramine due to		
a) Acetamino	phen: b) Diph	b) Diphenhydramine: □ 25 mgs PO, □ 50mgs PO, □ 25 mgs IVP, □ 50mgs IVP or				
□ 650m	ngs PO 📙 c) Alter	c) Alternate oral antihistamine to diphenhydramine:				
□ 500m	_ '	☐ Cetirizine 10 mg, ☐ Loratadine 10 mg, Fexofenadine ☐ 60mgs or ☐ 180mgs				
□ 325m	ngs PO d) Othe	d) Other: Methylprednisolone □ 40mgs IVP □ 125mgs IVP or othermgs IVP				
		Famotidine: □ 20mgs PO, □ 40mgs PO, □ 20mgs IVP, □ 40mgs IVP				
e) Pre-medicate wi	ith other:					
CONFIDENTIAL Pro	pperty of Palmetto Infusion / Co	ONFIDENTIAL Property of Palmette	Infusion / CONFIDENTIAL Property of Palmetto	Infusion		
complete. Instru therapy. Utilize e 0.9% flush 3-10 r type or to periph include <u>silicone-f</u>	uct patient/caregiver on mexisting central line for admin before, after, and as new leral IV as required for mulinge for reconstitut	edications and signs/sympt ninistration or initiate a per eded during the infusion. F tiple day treatments. Pump	impletion, then may discharge when informs of adverse reaction. Assess patient ipheral IV with each infusion as needed. It is infusion with Heparin 100 units/mo, tubing, 0.22 micron filter, and supplies therapy. Pharmacist to perform clinical IDELINES.	t for response to Sodium Chloride I 1 – 5 ml per line s needed to		
5. <u>Dose</u> : Oreno	cia® (abatacept) dosage	per 100 ml Sodium Chlo	oride 0.9% IV to infuse over at least	30 minutes.		
Oreno	ia® (abatacept) dosage wi	ll be based on the followin	g guidelines provided by Bristol-Myers	Sauibb		
	Body Weight of Patient]		
	< 60 kg	500 mg	2			
	60 to 100 kg	750 mg	3]		
	>100 kg	1000 mg	4			
6. <u>Frequency</u> :	Orders every 4 we	eeks (maintenance).	2 week, and 4 weeks, and then every 4	weeks thereafter		
Lab orders with i	nfusions:					
7. Physician's S	Signature:	/	Date:			
No Stamp Signatures (Dispense as written)		s written)	(Substitution permitted)			

8. Fax updated supporting clinical MD notes with each order renewal or change in orders

MRN:_____



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MRN:_		
DOB.		

Guidelines for Prescribing Orencia® (abatacept) for Rheumatology

(Required documentation with all initial referrals)

t Name:	Referral Date:
•	d completed Plan of Treatment . (MD must complete sections 1-8) Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)
Include patient der	mographic information and insurance information. (Copy of insurance cards if available)
 contraindications to Orencia® is indicated 	MD notes to include any past tried and/or failed therapies, intolerance, outcomes or conventional therapy. Include any lab results and/or tests to support diagnosis. In diagnosis of the formoderately to severely active RA in adults. ORENCIA may be used as monotherapy or concomitantly rethan TNF antagonists.
as specified of	g biological therapies, then MD must specify wash-out period prior to starting Orencia [®] weeks. Last known biological therapy: and last date (Include copy of last Orencia [®] infusion record if available and currently on therapy)
Other as requested	d:
reening: (TB and Hepat	titis screening results must be available prior to start of therapy and within last 12 months.)

** Warnings/Precautions: Patient should not have an active ongoing infection, signs or symptoms of malignancy, or invasive fungal infection. COPD patients may develop more frequent respiratory adverse events. Orencia® in patients with RA and COPD should be undertaken with caution and such patients should be monitored for worsening of their respiratory status. Blood Glucose Monitoring: Orencia® contains maltose and can interfere with the readings of blood glucose monitors that use test strips with (GDH-PQQ), resulting in falsely elevated blood glucose readings on the day of infusion. Hepatitis B Reactivation: Monitor HBV carriers during and several months after therapy. If reactivation occurs, stop Orencia® and begin anti-viral therapy. Evaluation of immunizations should be completed prior to and live vaccines should not be given before or concurrently with Orencia®. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.