

Orencia (Abatacept) Infusion Order

Patient Name:	DOB:		Male \square Female
Diagnosis (please provide ICD10 code)			
☐ Other:			
□ NKDA Allergies:			
□ New Start Therapy □ Continuation of Thera	py Date of last dose (i	f applicable):	
Ordering Provider:			
Provider NPI:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:
PRE-MEDICATION	REC	QUIRED LABS	
☐ Acetaminophen1000mg PO ☐ Solu-Medrol 125mg IVP☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg	IVP	TB status and date (please attach results):	
	25mg IVP ☑ He	patitis B status & dat	te (please attach results):
RENCIA ORDERS			
DOSING:			
☑ Mix in 100ml 0.9% sodium chloride and administe	r intravenous infusion o	ver 30 minutes	
	000mg □ Other:		
FREQUENCY:		REFILLS:	
☐ Induction and Maintenance: Week 0, 2, and 4, th	en every 4 weeks		
☐ OR Maintenance Only : every 4 weeks			
Other:		(if not indicated p from date signed,	prescription will expire one ye)
Noble Infusion Standing Orders:			
Provide treatment under Noble Infusion's Clinical Guide Guidelines, and Action Plan for Infusion Reactions.	lines, Medication Safety Pr	otocol, Emergency	
Provider Name	·		
Provider Signature		 Date	

Serious infections reported. Patients with a history of recurrent infections or underlying conditions predisposing to infections may experience more infections. Discontinue if a serious infection develops. Screen for latent TB infection prior to initiating therapy. Patients testing positive should be treated prior to initiating Orencia. Should screen for viral hepatitis prior to initiating Orencia.

Update vaccinations prior to initiating Orencia. Live vaccines should not be given concurrently or within 3 months of discontinuation. Orencia may blunt the effectiveness of some immunizations.

COPD patients may develop more frequent respiratory adverse events.