

**RHEUMATOLOGY & INFUSION THERAPY CLINIC**

Green Bay • Fox Valley • Marinette • Oshkosh
Phone: 920-430-8113 • Infusion Fax: 920-965-6389

osmsgb.com

Orencia (Abatacept)

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

Infusion Office Preference: ☐ Green Bay ☐ Neenah ☐ Marinette

PATIENT INFORMATION	
Date:	Patient Name: DOB:
☐ NKDA Allergies:	Weight (kg):
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date:	Next Due Date:
PROVIDER INFORMATION	
Office Contact Name:	Office Email:
Prescribing Providers Name:	Provider NPI:
Office Address:	City: State: Zip:
Office Phone Number:	Office Fax Number:
DIAGNOSIS AND ICD 10 CODE	REQUIRED DOCUMENTATION
☐ Rheumatoid Arthritis (RA) ICD 10 Code: M05.9	☐ This signed order form by the provider
☐ Juvenile Idiopathic Arthritis (JIA) ICD 10 Code: M08.20	☐ Patient demographics AND insurance information (copy of cards)
☐ Other: _____ ICD 10 Code: _____	☐ Clinical/Progress notes
	☐ Lab and Tests supporting primary diagnosis
	☐ Hepatitis B Test Results: HBsAg, Total HepB Core Antibody
	☐ Hepatitis C Test Results
	☐ TB Test Results
List Tried & Failed Therapies, including duration of treatment: 1. 2. 3.	
PREMEDICATION ORDERS	
☐ No premeds	
☐ Acetaminophen (Tylenol) PO ☐ 500mg ☐ 1000mg	
☐ Diphenhydramine (Benadryl) PO / IV ☐ 25mg ☐ 50mg (if route is not circled PO will be administered)	
☐ Methylprednisolone (Solu-Medrol) IV ☐ 125mg ☐ 62.5mg	
☐ Fexofenadine (Allegra) PO ☐ 180mg	
MEDICATION ORDERS (order will expire in 1 year unless otherwise specified)	
Dosing (RA and JIA >75kg)	☐ Orencia 500mg (weight <60kg) IV at week 0, 2, 4, then every 4 weeks ☐ Orencia 750mg (weight 60-100kg) IV at week 0, 2, 4, then every 4 weeks ☐ Orencia 1000mg (weight > 100kg) IV at week 0, 2, 4, then every 4 weeks ☐ Maintenance: Orencia _____ mg IV every 4 weeks
JIA Dosing (<75kg)	☐ Orencia 10mg/kg IV at week 0, 2, 4, then every 4 weeks (max dose = 1000mg) ☐ Maintenance: Orencia 10mg/kg IV every 4 weeks (max dose = 1000mg)
Refills:	☐ X6 months ☐ X1 year ☐ _____ doses
<i>*Please note: If an infusion reaction occurs, the on-call physician will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion, or discontinuing the medication.</i>	
LAB ORDERS	
☐ CBC w/ diff ☐ CMP ☐ CRP ☐ ESR ☐ Vitamin D OH Total ☐ Hep B Surface Antigen ☐ Quantiferon TB Gold ☐ Other: ☐ w/ every infusion ☐ w/ every other infusion ☐ Other:	

Provider Name (Print)

Provider Signature:

Date:

Fax Referral to 920-965-6389

All information contained in this order form is strictly confidential and will become a part of the patient's medical record.