

**ORENCIA (ABATACEPT)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- TB and Hepatitis B documentation

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

- Diagnosis:**  Systemic Lupus Erythematosus (ICD-10 Code: \_\_\_\_\_)  
 Rheumatoid Arthritis (ICD-10 Code: \_\_\_\_\_)  
 Juvenile Idiopathic Arthritis (ICD-10 Code: \_\_\_\_\_)  
 Psoriatic Arthritis (ICD-10 Code: \_\_\_\_\_)

**J Code: J0129**

**ORENCIA ORDERS**

Patient Weight: \_\_\_\_\_ kg

**Orencia Dose:** \_\_\_\_\_ mg

**Frequency:**  Every 4 weeks or  0, 2, 4 - Every 4 weeks

**Protocol Pre-Medication Orders:**  Tylenol 1000mg PO  
 Cetirizine 10mg PO  
 Diphenhydramine 25mg PO  
 Loratadine 10mg PO

**Additional Pre-Medication Orders:**  Solu-Medrol \_\_\_\_\_ mg IVP  
 Solu-Cortef \_\_\_\_\_ mg IVP

\*Date of last  Orencia  Remicade  Humira or  Enbrel Dose: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	