

PATIENT INFORMATION

PATIENT NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SEX: M F HEIGHT: _____ WEIGHT: _____ LBS KG

ALLERGIES: _____ PREFERRED CLINIC: _____

REFERRAL STATUS: NEW REFERRAL ORDER CHANGE ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

M05. ___ Rheumatoid Arthritis with rheumatoid factor

M06. ___ Rheumatoid Arthritis without rheumatoid factor

ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION

Insurance Information

List of Medications

Tried & Failed Therapies

Most Recent History & Physical

Negative TB & HEP-B screenings

MEDICATION ORDER

*For Patients Weighing Less Than 60kg.

LOADING: Orenica® (abatacept) 500mg IV in 100ml NS over 30 minutes at Week 0, Week 2 and Week 4

MAINTENANCE: Orenica® (abatacept) 500mg IV in 100ml NS over 30 minutes every 4 weeks

*For Patients Weighing 60kg TO 100KG

LOADING: Orenica® (abatacept) 750mg IV in 100ml NS over 30 minutes at Week 0, Week 2 and Week 4

MAINTENANCE: Orenica® (abatacept) 750mg IV in 100ml NS over 30 minutes every 4 weeks

*For Patients Weighing GREATER Than 100kg

LOADING: Orenica® (abatacept) 1000mg IV in 100ml NS over 30 minutes at Week 0, Week 2 and Week 4

MAINTENANCE: Orenica® (abatacept) 1000mg IV in 100ml NS over 30 minutes every 4 weeks

OTHER: _____

REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE: _____

Patient to be observed for 30 minutes following the first administration. Administer per protocol.
In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRE-MEDICATIONS

PO

Acetaminophen: 650 mg

Cetirizine: 10 mg

Diphenhydramine: 25 mg

IV

Methylprednisolone: 125 mg

Diphenhydramine: 25 mg

OTHER: _____ PO IV

PRESCRIBER INFORMATION

PROVIDER NAME: _____ NPI #: _____

EMAIL: _____ PHONE: _____ FAX: _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ CONTACT NAME: _____

(IF APPLICABLE) SIGNATURE: _____ DATE: _____

(NO STAMPS) SUBSTITUTION PERMITTED DISPENSE AS WRITTEN