



Fax: _____ Phone: _____

Name _____

DOB _____ ID# _____

Weight _____ Date _____

Abatacept (ORENCIA)

Diagnosis: (ICD-10 code) _____ - Description _____

For Provider

- Hepatitis B screening: Y or N
- PPD test: Y or N
- Avoid vaccines within 90 days of infusion therapy.
- Dosing guidelines: <60 kg: 500 mg
60-100 kg: 750 mg
>100 kg: 1000 mg

Infusion Medication

Abataceptin IV infusion

Dose: (please circle) 500 mg 750 mg 1000 mg

Route: IV over 30 minutes

Frequency: Biweekly for 3 doses, then monthly.

Pre-Meds

(Please circle)

Acetaminophen (TYLENOL) tablet

Dose: 650 mg 30 minutes prior to infusion. Or PRN

Cetirizine (ZYRTEC) tablet

Dose: 10 mg 30 minutes prior to infusion.

Other: _____

Labs

- CBC within last 2 months

Additional Orders

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____