

Troy Infusion Center
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Troy, OH 45373
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Washington Township Infusion Center
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Orencia® (Abatacept) Order Form
Epic Referral: REF115210

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Patient Weight: _____ (include unit) **Date weight taken:** _____

Orencia dose should be determined based on patient weight and guidance from the package insert stated below:

- Patient weight < 60 kg: give 500 mg
- Patient weight 60-100 kg: give 750 mg
- Patient weight > 100 kg: give 1000 mg

Dose: 500 mg 750 mg 1000 mg Weigh patient at each visit and adjust dose based on weight and package insert dosing recommendations

Induction (Only check if new to Orencia or restarting therapy):

IV Orencia (abatacept) in 100 mL 0.9% NaCl infused over 30 minutes at weeks 0, 2, and 4, followed by maintenance dosing below.

Maintenance:

IV Orencia (abatacept) in 100 mL 0.9% NaCl infused over 30 minutes every 4 weeks

Order good for: 6 months 1 year Other duration: _____

Other Orders/Comments: _____

Last date and type of TB test: _____ (please fax copy of results with order)

Last date of Hepatitis B Panel: _____ (please fax copy of results with order)

Perform annual TSPOT test at Kettering Health Infusion Center

Draw Hepatitis Panel at Kettering Health Infusion Center

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____