Palmetto INFUSION

MRN:_____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB:_____

STANDARD Orencia® (abatacept) PLAN OF TREATMENT FOR RHEUMATOLOGY

(Re) Certification Period From_____to _____

NOTE: Patient ***may be ineligible*** to receive abatacept if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new or worsening diagnosis of COPD or respiratory status, and/or surgery.

1. Patient Name: _____Height (inches): _____Weight (lbs):_____

2. Allergies:_____

3. Diagnosis: * Please complete the 2nd and 3rd digits to complete the ICD-10 code for billing

☐ **M05._____** Rheumatoid Arthritis with Rheumatoid factor ☐ **M06._____** Rheumatoid Arthritis without Rheumatoid factor

☐ Other **ICD-10 Code:** _____**Diagnosis description:**_____

4. Pre-medications: ☐ None *OR* *Administered 30 minutes prior to infusion as selected:*

Product information does not suggest premedication and suggest caution with use of Diphenhydramine due to 30 minute infusion time and safety risks with driving.

a) Acetaminophen:
- □ 650mgs PO
- □ 500mgs PO
- □ 325mgs PO

b) Diphenhydramine: □ 25 mgs PO, □ 50mgs PO, □ 25 mgs IVP, □ 50mgs IVP or

c) Alternate oral antihistamine to diphenhydramine:
□ Cetirizine 10 mg, □ Loratadine 10 mg, Fexofenadine □ 60mgs or □ 180mgs

d) Other: Methylprednisolone □ 40mgs IVP □ 125mgs IVP or other _____mgs IVP
Famotidine: □ 20mgs PO, □ 40mgs PO, □ 20mgs IVP, □ 40mgs IVP

e) Pre-medicate with other: _____

Orders: Obtain weight each visit. **Vital signs at baseline and after completion, then may discharge when infusion is complete.** Instruct patient/caregiver on medications and signs/symptoms of adverse reaction. Assess patient for response to therapy. Utilize existing central line for administration or initiate a peripheral IV with each infusion as needed. Sodium Chloride 0.9% flush 3-10 ml before, after, and as needed during the infusion. Follow infusion with Heparin 100 units/ml 1 – 5 ml per line type or to peripheral IV as required for multiple day treatments. Pump, tubing, 0.22 micron filter, and supplies needed to include silicone-free syringe for reconstitution to complete prescribed therapy. Pharmacist to perform clinical drug monitoring. ***If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES.***

5. Dose: Orencia® (abatacept) dosage per 100 ml Sodium Chloride 0.9% IV to infuse over at least 30 minutes.

Orencia® (abatacept) dosage will be based on the following guidelines provided by Bristol-Myers Squibb

Body Weight of Patient	Dose	Number of 250mg (abatacept) Vials
< 60 kg	500 mg	2
60 to 100 kg	750 mg	3
>100 kg	1000 mg	4

6. Frequency:
_____ Induction orders to be completed at 0 week, 2 week, and 4 weeks, and then every 4 weeks thereafter
_____ Orders every 4 weeks (maintenance).
_____ Special Orders: _____

Lab orders with infusions: _____

7. Physician's Signature: _____/ _____Date: _____
(Dispense as written) (Substitution permitted)

No Stamp Signatures

Printed Physician's Name with Credentials: _____

8. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms available at www.palmettoinfusion.com

Revised 4/20/17

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DOB:_____

Guidelines for Prescribing Orencia® (abatacept) for Rheumatology

(Required documentation with all initial referrals)

Patient Name: _____ Referral Date:_____

___ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-8)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

- Orencia® is indicated for moderately to severely active RA in adults. ORENCIA may be used as monotherapy or concomitantly with DMARDs other than TNF antagonists.

___ If patient is switching biological therapies, then MD must specify wash-out period prior to starting Orencia® as specified of _____ weeks. Last known biological therapy: _____ and last date received:_____. (Include copy of last Orencia® infusion record if available and currently on therapy)

___ Other as requested: _____
_____

Pre-Screening: **(TB and Hepatitis screening results must be available prior to start of therapy and within last 12 months.)**

___ **Required TB screening results: PPD or QuantiFERON Gold Test.**
(* If screening results are positive or indeterminate, then a negative CXR result is required.)

___ **Required Hepatitis screening to include: Hepatitis B Surface Antigen results.**

** Warnings/Precautions: Patient should not have an active ongoing infection, signs or symptoms of malignancy, or invasive fungal infection. **COPD patients** may develop more frequent respiratory adverse events. Orencia® in patients with RA and COPD should be undertaken with caution and such patients should be monitored for worsening of their respiratory status. **Blood Glucose Monitoring:** Orencia® contains maltose and can interfere with the readings of blood glucose monitors that use test strips with (GDH-PQQ), resulting in falsely elevated blood glucose readings on the day of infusion. **Hepatitis B Reactivation:** Monitor HBV carriers during and several months after therapy. If reactivation occurs, stop Orencia® and begin anti-viral therapy. Evaluation of immunizations should be completed prior to and **live vaccines** should not be given before or concurrently with Orencia®. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.

Revised 4/20/17