



MRN: _____

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

DOB: _____

Guidelines for Prescribing Orenzia® (abatacept) for Rheumatology for Pediatric – (6 years of age or older)
(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.**

- Orenzia® is indicated for moderately to severely active polyarticular juvenile idiopathic arthritis in pediatric patients 6 years of age and older. ORENCIA may be used as monotherapy or concomitantly with methotrexate.

_____ If patient is switching biological therapies, then MD must specify wash-out period prior to starting Orenzia® as specified of _____ weeks. Last known biological therapy: _____ and last date received: _____. *(Include copy of last Orenzia® 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. Orenzia® 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:** Orenzia® 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 Orenzia® and begin anti-viral therapy. Evaluation of immunizations should be completed prior to and **live vaccines** should not be given before or concurrently with Orenzia®. 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.