

Orencia Initial Infusion Order (Revised 9/21/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

Required Lab Results: Prior to first infusion Hep B Profile and PPD/Quantiferon Gold (If outside Atrium, please fax with order. Required prior to scheduling.)

Infusion Therapy:

Orencia (abatacept) _____ mg IV over 30 minutes **ICD 10 code:** _____

Frequency: Week 0, 2, and 4, then every _____ weeks (loading and maintenance) **OR**

Frequency: Every _____ weeks (maintenance)

Pre-Meds: Administer 30 minutes prior to Orencia

PRN Meds:

Acetaminophen 650 mg PO x 1

Zofran 4mg IV every 3 hours PRN
nausea/vomiting

Benadryl _____ mg PO or _____ mg IV x 1

Ibuprofen 800mg PO every 8 hours PRN pain

(if applicable, only choose ONE)

Loratadine 10 mg PO x 1

SoluMedrol 125 mg IV x 1

Additional Orders:

Special Instructions:

- Infuse using a sterile, non-pyrogenic, low-protein-binding 0.2-micron to 1.2-micron filter.
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Assess for drug-drug interactions (e.g. TNF antagonists, other biologic RA therapies)

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion.
- Do not administer if a patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection
- Monitor for any signs of reaction for 30 minutes after 1st infusion and subsequent infusions PRN if previous signs of reaction observed.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: