Agile Infusion
Web: www.AgileIV.com | Tel: (201) 751-2202 | Fax: (201) 266-0437 | Email: info@AgileIV.com

ORENCIA IV MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ *Patient's weight in pounds*_____

■ **Diagnosis** *Complete all diagnosis codes containing a ___, with all possible digits after the decimal.*

☐ D89.810 Acute Graft-vs-Host Disease
☐ L40.52 Psoriatic arthritis
☐ M06.__ Adult rheumatoid arthritis _____
☐ M08.__ Juvenile RA _____

■ **Details Needed for Approval**

- Provide evidence of no latent TB within 3 months or, if positive, document start of anti-TB therapy.
- Provide evidence of negative viral hepatitis infection.
- Does the patient have an active infection, including clinically important localized infection? _____
- Has the patient been advised not to receive live vaccines while undergoing therapy with Orencia? _____
- Has the patient had an inadequate response to a conventional agent (such as azathioprine or corticosteroids) after therapy lasting at least three (3) months? _____
- Has the patient tried another biologic immunomodulator agent that is FDA labeled for this condition? _____
- **RA:** Provide disease activity measures, such as PAS-11, RAPID-3 or CDAI.
- **RA:** How is the patient's condition classified? Please circle: Mild Moderate Moderate-to-Severe Severe
- **aGVHD:** Is the patient undergoing hematopoietic stem cell transplantation? _____
- **aGVHD:** Will the patient be concurrently treated with a calcineurin inhibitor and methotrexate? _____
- Is the patient planning to concurrently receive another biologic? _____

FOR ALL DIAGNOSES: Documentation of all medication utilization/failures/intolerances, and a list of all concurrent meds.

■ **Orencia (abatacept) Medication Order**

☐ For patients 132lb(60kg) or less, 500mg administered over approximately 30 minutes by IV
☐ For patients 132-220lb (60-100kg), 750mg administered over approximately 30 minutes by IV
☐ For patients 220lb (100kg) or more, 1,000mg administered over approximately 30 minutes by IV

Nurse: When mixing an Orencia infusion, use only the silicone-free syringe included with each vial.

Follow manufacturer's instructions very carefully. Administered in 100ml of normal saline via peripheral IV utilizing a sterile, nonpyrogenic, low-protein-binding 0.2µm to 1.2µm filter. After the infusion is complete, flush with normal saline. Observe the patient for one hour after the infusion is complete. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

■ **Rescue Management in case of Infusion Therapy Reaction**

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Diphenhydramine 50mg IV and Methylprednisolone 125mg IV for allergic reactions.
- Albuterol sulfate 2.5ml by nebulizer for wheezing and respiratory reactions. Provide oxygen as needed.
- Famotidine 20mg IVP for minor cutaneous reactions which do not respond to diphenhydramine.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ **Ordering Provider Authorization**

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.