



Abatacept (ORENCIA)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

Phone: (510) 878-9528 | Fax: (510) 969-5840 | Email: referrals@totalinfusion.com

Name: _____

DOB: _____ Phone: _____

Gender: Male Female

Allergies: _____

DIAGNOSIS (ICD-10 code required):

- _____ Rheumatoid Arthritis
- _____ Psoriatic Arthritis
- _____ Other: _____

PROVIDER REMINDERS:

- All orders with a will be placed unless otherwise noted
- Screen for viral hepatitis prior to use
- Ensure baseline PPD or quantiFERON-TB assay for latent TB
- Ensure all immunizations are current before initiating therapy
- Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy
- Do not combine with tumor necrosis factor (TNF) agents or other biologic DMARDS
- CBC, ALT, AST, and Creatinine every 8 weeks

TREATMENT CRITERIA:

Hold Abatacept (ORENCIA) if:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Taking antibiotics for current infection
- *Initial dose only:* Unable to verify negative TB results
- CBC, ALT, AST and Creatinine have not been drawn within the last 12 weeks

Nursing Considerations:

- Ensure CBC, ALT, AST and Creatinine have been drawn within the last 8 weeks, if not, proceed with infusion and instruct patient to have labs drawn today

Special Instruction(s):

Premedications

- No routine premedications necessary.**
- Acetaminophen (TYLENOL) 650mg PO**, Once PRN, 30 minutes prior to Abatacept infusion, if patient experiences symptoms without premedications.
- Cetirizine (ZYRTEC) 10mg PO**, Once PRN, at least 30 minutes prior to Abatacept infusion, if patient experiences symptoms without premedications.
- _____

Medications

Patient Weight _____ kg (**REQUIRED**)

Infuse **Abatacept (ORENCIA)** Intravenously over 30 minutes using a non-pyrogenic, low-protein binding filter (pore size of 0.2 to 1.2 micron).

Dose:

- 500mg **for less than 60kg**
- 750mg **for 60kg - 100kg**
- 1,000mg **for greater than 100kg**
- _____

Frequency:

- Every 2 weeks x 3, then every 4 weeks thereafter
- Every 4 weeks
- _____

IV LINE CARE per Nursing Policy

INFUSION REACTION MEDICATIONS per Standardized Procedures

TREATMENT ORDER WEIGHT will be utilized for the duration of the order. Patient will be weighed prior to every treatment. Prescriber will be notified of weight change greater than 10% from baseline weight.

Provider Signature _____

Date _____

Email _____

Printed Name _____

Phone _____

Fax _____

Office Contact _____

Phone _____

Email _____