

Checklist for Orenzia (abatacept) Referral

Required documentation for all initial referrals

Patient _____ DOB _____ Date _____ New Start Maintenance

Please return **completed** checklist and checklist items for an infusion referral:

- Patient demographics (e.g. address, phone number, SSN, etc.)
- Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber's date of birth.
 - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- Signed and completed Orenzia Standard Order (our order form) with ICD diagnosis code
 - *Standard Order forms are available at lowcountryrheumatology.com/infusions/*
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Orenzia.
- Lab results and/or tests to support diagnosis.
 - Pre-Screening:
 - **Required TB screening results:** PPD (*within 1 year*) or QuantiFERON Gold Test (*within 3 years*)
 - **Required Hepatitis screening (*within 1 year*):** Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, and Hepatitis B Core Antibody results
 - **Most recent Rapid 3 (if available)**
- Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
 - Name: _____
 - Phone Number: _____

Paperwork can be faxed or emailed to (843)-824-2327, infusionemail@articularishealthcare.com

Infusion Coordinators Brenna, Carlye or Stephanie will assist you with any questions at
(843)-572-8932

Low Country Rheumatology Infusion Locations

Please mark preferred location and we will do our best to accommodate, however we cannot make any guarantees.

Summerville

2001 2nd Ave, Suite 201, Summerville, SC 29486

Mount Pleasant

1165 Chuck Dawley Blvd, Mt. Pleasant, SC 29464

West Ashley

2291 Henry Tecklenburg Drive, Charleston, SC 29414

Low Country Rheumatology Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our Infusion Coordinators will notify you if any further information is required. The patient will have an annual 30-minute consult with our MD to obtain H&P for chart. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

Low Country Rheumatology Use Only Existing Patient Yes _____ No _____ Physician _____

Standard Orders for Orenzia (abatacept) Administration

Patient _____ DOB _____ Date _____

***NOTE:** Patient is ineligible to receive Orencia if they have suspected infectious process or is receiving antibiotic for active infectious process due to the possibility of developing a super infection related to its effect on the immune system.

Indication:

<input type="checkbox"/> M05.79 RA with rheumatoid factor of multiple sites w/o organ involvement	<input type="checkbox"/> M06.09 RA w/o rheumatoid factor, multiple sites	<input type="checkbox"/> L40.52 Adult Psoriatic Arthritis
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History:

- Failure or intolerance to conventional therapies: _____
- Inadequate response to DMARDs
- Swollen/tender joints
- Rapid 3 _____
- ESR/CRP _____
- HBsAg, HBsAb, HB core Ab results
- Recent or upcoming surgical procedure: Yes No

Orders:

- Standard Order Protocol:
 - Confirm current PPD, Tspot, or CXR; Confirm HbsAg negative.
 - Obtain patient weight each visit
 - Evaluate patient for active infections, prior or upcoming surgical procedures, medication allergies, COPD, or any current health concerns as noted on Infusion Record.
 - Baseline vitals will be obtained prior to administration, and at the end of the infusion (or hourly if infusion > 1 hour length until infusion is complete) and more frequently if patient’s condition warrants it.
 - The entire, fully diluted Orencia (abatacept) solution should be administered over a period of at least 30 minutes.
 - **If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
 - Discharge instructions to include possible infusion side effects and follow-up appointment schedule

Dose:

Usual dosage will be based on the following guidelines provided by Bristol-Myers Squibb (FDA-approved)

Patient Weight	Dose	Number of Vials (250mg per vial)
<60kg (<132lb)	500 mg	2
60kg to 100 kg (132-220 lb.)	750 mg	3
>100 kg (>220 lb.)	1000 mg	4

Frequency:

- Following initial administration (Day 1), Orencia should be given at 2 and 4 weeks after the first infusion and every 4 weeks thereafter

Additional orders/comments:

Practice Name: _____

NPI: _____

Physician Name: _____

State License: _____

Physician Signature: _____

DEA #: _____

Date: _____

UPIN: _____