

 <p>VANCOUVER CLINIC[®] ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER</p> <p>Attn: Infusion Department</p> <p>Abatacept (ORENCIA[®])</p>	<p>NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:</p>
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Weight: _____ lb/kg Height: _____ inch/cm
Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal
Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P, relevant labs and/or most recent chart note.
- Vancouver Clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If pre-screening test and labs are not accessible through Epic, please fax a copy of request lab as well (see below). Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

PRE-SCREENING/LAB:

- Hepatitis B surface antigen and core antibody total
- Tuberculin test (PPD or QuantiFERON Gold blood test). If result is indeterminate, a follow up chest X-ray must be performed to rule out TB.

MEDICATIONS:

Abatacept (ORENCIA[®])

Patient weight less than 60 kg

- Induction and Maintenance: 500 mg intravenous, in 0.9% sodium chloride 100 mL over 30 minutes at 0, 2, and 4 weeks, then every 4 weeks thereafter.
- Maintenance: 500 mg intravenous, in 0.9% sodium chloride 100 mL over 30 minutes, every _____ weeks, next dose due _____.

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245



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ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER

Attn: Infusion Department

Abatacept (ORENCIA[®])

NAME:
DOB:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Patient weight 60 – 100 kg

- Induction and Maintenance: 750 mg intravenous, in 0.9% sodium chloride 100 mL over 30 minutes at 0, 2, and 4 weeks, then every 4 weeks thereafter.

- Maintenance: 750 mg intravenous, in 0.9% sodium chloride 100 mL over 30 minutes, every _____ weeks, next dose due_____.

Patient weight greater than 100 kg

- Induction and Maintenance: 1000 mg intravenous, in 0.9% sodium chloride 100 mL over 30 minutes at 0, 2, and 4 weeks, then every 4 weeks thereafter.

- Maintenance: 1000 mg intravenous, in 0.9% sodium chloride 100 mL over 30 minutes, every _____ weeks, next dose due_____.

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

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