



ORENCIA® (ABATACEPT) ORDER FORM

(* - Required Fields)

STAT REQUEST
(*REASON MUST BE PROVIDED BELOW)

<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Medication/Order Change
<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order	

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT:	LBS KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

ORENCIA ORDER*: <small>(SELECT ONE OF THE FOLLOWING)</small>	ICD-10*: _____
<input type="checkbox"/> Initial/Reload Dosing and then Maintenance Dosing: 500 750 1000 mg IV on weeks 0, 2, and 4, then every 4 weeks thereafter	
OR	
<input type="checkbox"/> Maintenance Dosing Only: 500 750 1000 mg IV every 4 weeks	
Physician Signature* _____	Date*(Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Psoriatic Arthritis
<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Other _____
*STAT REASON: (STAT request will be assessed per MPP policy and protocol)

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting DX
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> HepB Core (if available)
<input type="checkbox"/> HepB Surf Ag (w/in 36 months)
<input type="checkbox"/> TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot
Last Infusion/Injection Date: _____

STANDING LAB ORDERS: <input type="checkbox"/> CMP <input type="checkbox"/> CBC
<input type="checkbox"/> Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

-----Colorado-----

Lakewood

-----Florida-----

Jacksonville

Kissimmee

Port St. Lucie

Winter Park

-----Texas-----

Arlington

Cedar Hill

Dallas

Denton

Ft. Worth

Irving

Rockwall

Southlake

Flower Mound

Plano

Tyler

REVISION DATE- 05/2020