MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

ORENCIA® (ABATACEPT)ORDER FORM

(- Required Fields)*

_____ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

_____ **New Referral** _____ **Order Renewal** _____ **Medication/Order Change**
_____ **Benefits Verification Only** _____ **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*:

*(SELECT **ONE** OF THE FOLLOWING)*

_____ **INITIAL/RELOAD AND MAINTENANCE DOSING:**
Administer at 0, 2, and 4 weeks, and every 4 weeks thereafter
Body Weight of Patient Dose
Less than 60 kg (500 mg)
60 to 100 kg (750 mg)
More than 100 kg (1000 mg)

ICD-10*: _____

____ **MAINTENANCE DOSE ONLY:**
Administer every 4 weeks
Body Weight of Patient Dose
Less than 60 kg (500 mg)
60 to 100 kg (750 mg)
More than 100 kg (1000 mg)

____ **OTHER Dose:**
Administer ____ mg IV
every _____ weeks

Physician Signature* _____

Date*(Order is Valid for One Year) _____
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

_____ Psoriatic Arthritis

_____ Rheumatoid Arthritis

_____ Other_____

***STAT REASON:**
(STAT requests will be assessed per MPP policy and protocols)

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics

_____ Insurance Card/Information

_____ Clinical/Progress Notes supporting DX

_____ Current Medication List and H&P

_____ Hep B Core (if available)

_____ Hep B Surf Ag (w/in 36 months

_____ TB Results (w/in 6 months)- if positive, need negative chest x-ray and negative T Spot

Last Infusion/Injection Date: _____

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------
___ Lakewood

---------Florida---------
___ Jacksonville
___ Kissimmee
___ Port St. Lucie
___ Suncoast
___ Winter Park

------Oklahoma-------
___ Tulsa

----------Texas----------
___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth
___ Irving
___ Rockwall
___ Southlake
___ Flower Mound
___ Plano
___ Tyler

REVISION DATE- 09/2021