

ORENCIA (abatacept) infusion orders

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Polyarticular Idiopathic Arthritis > 6 yro (PJIA)

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Quzyttir 10mg IVSP over 1-2 min

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

ORENCIA ORDERS

DOSAGE			PATIENT WEIGHT
500mg	750mg	1000mg	lbs.
FREQUENCY			kg
every 0,2,4, and every 4 weeks			
every	weeks		

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____

Phone _____

Fax _____