



St. Charles Health System

Adult Ambulatory Infusion Order
Abatacept (ORENCIA)

Patient Name:
Date of Birth:

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Treatment Start Date: _____ **Allergies:** _____
Weight: _____ **kg** **Height:** _____ **cm**

REQUIRED ITEMS for all orders – necessary for insurance approval, scheduling, and patient safety

- 1. FACE SHEET with complete INSURANCE information and patient CONTACT information**
- 2. Recent VISIT NOTE to support treatment (if not available in Epic)**
- 3. LAB RESULTS for any required prescreening (if not available in Epic)**
- 4. DIAGNOSIS CODE** _____
- 5. Patient NAME and DATE OF BIRTH on EVERY page faxed**

GUIDELINES FOR ORDERING

1. Hepatitis B (Hep B surface antigen and core antibody total) screening must be completed prior to initiation of treatment, and the patient should not be infected. Please send results with order.
2. A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). Please send results with order. If the result is indeterminate, a follow up chest X-ray must be performed to rule out TB. Please send results with order.
3. COPD is the most frequent side effect of abatacept therapy. Providers should inform patients with COPD of the risk of exacerbation and consider excluding them from therapy. At a minimum, frequent monitoring is recommended.

PRE-SCREENING: (Results must be available prior to initiation of therapy):

- Hepatitis B surface antigen and core antibody total test results scanned with orders.
- Tuberculin skin test or QuantiFERON Gold blood test results scanned with orders.
- Chest X-Ray result scanned with orders if TB test result is indeterminate.

LABS:

Baseline:

- Complete Metabolic Panel, Routine, ONCE
- CBC with auto differential, Routine, ONCE
- C-reactive protein, Routine, ONCE
- Sedimentation rate, automated, ONCE
- Labs already drawn. Date: _____

Maintenance:

- Complete Metabolic Panel, Routine, ONCE, every visit, every 56 days
- CBC with auto differential, Routine, ONCE, every visit, every 56 days
- C-reactive protein, Routine, ONCE, every visit, every 56 days

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Sedimentation rate, automated, Routine, ONCE, every visit, every 56 days

NURSING ORDERS:

1. TREATMENT PARAMETER #1– Hold treatment and contact provider if Hepatitis B surface antigen or core antibody total test result is positive, TB test result is positive, or if screening has not been performed.
2. TREATMENT PARAMETER #2 – Evaluate the patient for any recent bouts of fever, illness, or infection. Hold therapy if positive and notify the prescribing physician.
3. TREATMENT PARAMETER #3 - Evaluate the patient for any recent or upcoming surgeries, IV doses of abatacept should be held for at least 30 days before a major surgical procedure and 14 days after a procedure.
4. Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and at the end of infusion.
5. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solutions, declotting (alteplase), and/or dressing changes.

PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

Note to provider: Please select which medications below, if any, you would like the patient to receive prior to treatment by checking the appropriate box(s)

- acetaminophen (TYLENOL) tablet, 650 mg, oral, ONCE, every visit
- diphenhydrAMINE (BENADRYL) capsule, 25 mg, oral, ONCE, every visit. **Give either cetirizine or diphenhydrAMINE, not both.**
- cetirizine (Zyrtec) tablet, 10 mg, oral, ONCE AS NEEDED if diphenhydrAMINE is not given, every visit. **Give either cetirizine or diphenhydrAMINE, not both.**

MEDICATIONS:

Initial Doses:

Abatacept (ORENCIA) in sodium chloride 0.9% (Total volume 100 mL) intravenous, ONCE over 30 minutes. Use a sterile, non-pyrogenic, low protein-binding filter (0.2-1.2 microns).

- 500 mg – Patient weight less than 60 kg
- 750 mg – Patient weight 60-100 kg
- 1000 mg – Patient weight greater than 100 kg

Interval: (must check one)

- Once
- Three doses at 0, 2, and 4 weeks; dates: Week 0_____, Week 2_____, Week 4_____



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Maintenance Dose:

Abatacept (ORENCIA) in sodium chloride 0.9% (Total volume 100 mL) intravenous, ONCE over 30 minutes. Use a sterile, non-pyrogenic, low protein-binding filter (0.2-1.2 microns).

- 500 mg – Patient weight less than 60 kg
- 750 mg – Patient weight 60-100 kg
- 1000 mg – Patient weight greater than 100 kg

Interval:

- Every _____ weeks for ____ doses (Beginning at week 8 = every 4 weeks, at least 28 days apart)

INFUSION MONITORING/REACTION:

Infusion Reaction. Acute Infusion and Hypersensitivity Medication Protocol will be used unless the provider selects the option below. If opting out, alternative orders must be included.

1. diphenhydramine 25 mg IV, AS NEEDED x1 for hypersensitivity reaction
2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
3. methylprednisolone 125 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
5. sodium chloride 0.9% 1000 mL IV, 200 mL/hr, AS NEEDED x 1 dose for alteration in hemodynamic status
6. albuterol 2.5 mg/3 mL nebule, AS NEEDED x1 dose for hypersensitivity reaction

- Opting out of standard protocol. Alternative orders are attached, or deviations are documented:

Patient will be treated at the following infusion location:

- St. Charles Outpatient Infusion Center
2500 NE Neff Road, Bend, OR 97701
Phone: (541) 706-5820 Fax: (541) 706-5825

By signing below, I represent the following:

- I am responsible for the care of the patient identified on this form
- I hold an active, unrestricted license to practice medicine
- I am acting within my scope of practice and authorized by law to order the medication described above for the patient identified on this form

ALL ITEMS BELOW MUST BE COMPLETED TO BE A VALID PRESCRIPTION



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Signature: _____ License #: _____ Date: _____

Print Name: _____ Phone: _____ Fax: _____

Plan will expire 1 year after signature date at which time a new order will need to be placed