

Orencia® (abatacept) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:	Patient Email:		
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

CBC At each dose Every _____
CMP At each dose Every _____
CRP At each dose Every _____
OTHER

PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO
cetirizine (Zyrtec) 10mg PO
loratadine (Claritin) 10mg PO
diphenhydramine (Benadryl) 25 mg 50 mg PO IV
methylprednisolone (Solu-Medrol) 40mg 125mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____

ORENCIA THERAPY ADMINISTRATION

INITIAL/RELOAD AND MAINTENANCE DOSING:

Administer at 0, 2, and 4 weeks, and then 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)

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:

Administer ____ mg every
____ weeks

REQUIRED DOCUMENTATION

Patient Demographics

Hep B Surface Antigen (within 36 months)

Insurance Card/Information

TB Results (within 6 months)

Progress Notes Supporting DX

Heb B Core

Current Medication List and H&P

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print)

Provider Signature

Date

Fax Numbers

Virginia: 804-500-5941 Nevada: 702-489-5744 Massachusetts: 800-540-1852
Colorado: 303-418-4679 New Jersey: 609-955-3711 Pennsylvania: 215-399-9244
Florida: 904-930-4211 Ohio: 216-400-0674 New York: 800-540-1852
Texas: 469-340-0044 Oklahoma: 918-770-4421 Connecticut: 203-724-4838

Have a Question? (720) 902-4111

Email Referrals To: referrals@vivoinfusion.com

**Email Specialty Referrals to:
info@specialtyinfusion.com**

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