GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Orencia - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Orencia treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Orencia prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Orencia
- Medication list and allergies
- Required: TB screening, Hepatitis B screening
- Recommended: baseline CBC w diff

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

Prescribing Order - Orencia (abatacept)

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

- ☐ Acetaminophen 1000mg PO
- ☐ Loratadine 10mg or Cetirizine 10mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Diphenhydramine 25mg IV
- ☐ Solu-medrol 125mg IV
- ☐ Other

LAB ORDERS

Prescribing Order - Orencia (abatacept) (continued)

ORENCIA MEDICATION ORDER BODY WEIGHT DOSE

✓ Orencia IV dosing per table < 60kg 500mg

60 - 100kg 750mg

> 100kg 1000mg

Frequency: ❑ Dose at 0, 2 and 4 weeks ❑ Maintenance dose every 4 weeks

ADMINISTRATION & MONITORING

✓ Reconstitute Orencia with sterile water and dilute with appropriate Normal Saline per dose. Administer via 0.2
✓ micron filter intravenously over 30 min
✓ Do not administer if patient has active signs or symptoms of infection.
✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME

NPI

DATE

SIGNATURE

OFFICE PHONE / EXT.

Handwritten or compliant electronic signature