

Abatacept

Treatment Location: Dublin, OH Lancaster, OH

PROVIDERS: Please include the following to expedite the order:

Patient Demographics, Most Recent Office Visit Note, Insurance Information, Screening for latent TB Infection and Viral Hepatitis

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: Patient Name: Patient Phone: DOB:

ICD-10 code (required): M05. ___ M06. ___ M08. ___ L40. ___ ICD Description:

Allergies: Weight (lbs/kg): Height:

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip:

NURSING

- Center will use Hypersensitivity protocol established by Infuse One Ohio
- TB Status and Date (list results & attached clinicals): _____
- Hepatitis B Status and Date (list results & attach clinicals): _____
- List of tried and failed medications related to diagnosis: _____

THERAPY ADMINISTRATION

- Orencia Intravenous Infusion
 - Dose: <60kg - Dose: 500mg
 - 60-100kg - Dose: 750mg
 - > 100kg - Dose: 1000mg
 - Other: _____
- Frequency:
 - Induction: Week 0, 2, and 4 then
 - Every 4 Weeks
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.

PRE-MEDICATION ORDERS

Pre-medications not usually indicated.

- Diphenhydramine 25mg / 50mg PO / IV
 - Acetaminophen 325mg / 500mg / 650mg PO
 - Other: _____
- Dose: _____ Route: _____ Frequency: _____

Provider Name (Print)	Provider Signature	Date
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Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.