Updated September 17, 2019

Checklist for Orencia (abatacept) Referral

Required documentation for all initial referrals

Patient _____DOB_____ Date_____ □ New Start □ Maintenance

Please return **completed** checklist and checklist items for an infusion referral:

- ☐ Patient demographics (e.g. address, phone number, SSN, etc.)
- ☐ Insurance information and copy of insurance card(s). Please indicate the insurance that is primary, and the insurance that is secondary, if applicable, and the subscriber's date of birth.
  - If insurance requires prior authorization, please provide the phone number and allow up to 15-30 days for this to be completed by one of our Infusion Coordinators.
- ☐ Signed and completed Orencia Standard Order (our order form) with ICD diagnosis code
  - *Standard Order forms are available at lowcountryrheumatology.com/infusions/*
- ☐ Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy, and how long patient has been on Orencia.
- ☐ Lab results and/or tests to support diagnosis.
  - Pre-Screening:
    - **Required TB screening results**: PPD *(within 1 year)* or QuantiFERON Gold Test *(within 3 years)*
    - **Required Hepatitis screening *(within 1 year)***: Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, and Hepatitis B Core Antibody results
    - **Most recent Rapid 3 (if available)**
- ☐ Please indicate name and direct phone number of a contact within your office that we can speak with to obtain any additional information:
  - Name: _____
  - Phone Number: _____

Paperwork can be faxed or emailed to (404) 528-1852, argpriorauth@articularishealthcare.com

Arthritis & Rheumatology of GA
Prior Authorization Department will assist you with any questions at
(404) 255- 5956 extension:910

Arhtritis & Rheumatology of GA services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our Prior Authorization Department will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Thank you for the referral!

Arthritis & Rheumatology of GA Use Only Existing Patient Yes____ No____ Physician _____

Updated September 17, 2019

Standard Orders for Orencia (abatacept) Administration

Patient _____DOB_____ Date_____

***NOTE**: Patient is ineligible to receive Orencia if they have suspected infectious process or is receiving antibiotic for active infectious process due to the possibility of developing a super infection related to its effect on the immune system.

Indication:

□ M05.79 RA with rheumatoid factor of multiple sites w/o organ involvement	□ M06.09 RA w/o rheumatoid factor, multiple sites	□ L40.52 Adult Psoriatic Arthritis

History:

□ Failure or intolerance to conventional therapies: _____

□ Inadequate response to DMARDS

□ Swollen/tender joints

□ Rapid 3_____

□ ESR/CRP_____

□ HBsAg, HBsAb, HB core Ab results

□ Recent or upcoming surgical procedure: □ Yes □ No

Orders:

□ Standard Order Protocol:

- Confirm current PPD, Tspot, or CXR; Confirm HbsAg negative.
- Obtain patient weight each visit
- Evaluate patient for active infections, prior or upcoming surgical procedures, medication allergies, COPD, or any current health concerns as noted on Infusion Record.
- Baseline vitals will be obtained prior to administration, and at the end of the infusion (or hourly if infusion > 1 hour length until infusion is complete) and more frequently if patient's condition warrants it.
- The entire, fully diluted Orencia (abatacept) solution should be administered over a period of at least 30 minutes.
- **If infusion reaction occurs, slow or stop infusion, and initiate infusion reaction protocol per Articularis Healthcare Policy and Procedure Manual.**
- Discharge instructions to include possible infusion side effects and follow-up appointment schedule

Dose:

Usual dosage will be based on the following guidelines provided by Bristol-Myers Squibb (FDA-approved)

Patient Weight	Dose	Number of Vials (250mg per vial)
<60kg (<132lb)	500 mg	2
60kg to 100 kg (132-220 lb.)	750 mg	3
>100 kg (>220 lb.)	1000 mg	4

Frequency:

□ Following initial administration (Day 1), Orencia should be given at 2 and 4 weeks after the first infusion and every 4 weeks thereafter

Additional orders/comments:

_____

_____

Practice Name: _____

Physician Name: _____

Physician Signature: _____

Date: _____

NPI: _____

State License: _____

DEA #: _____

UPIN: _____