

Abatacept (ORENCIA) – Maintenance Infusion Therapy Plan Orders

Page 1 of 2

Name: _____
Kaiser Permanente Member I.D. # _____
Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Pre-Service Authorization has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

Order Date: _____ Weight: _____ kg	Diagnosis: ICD-10 code (REQUIRED): _____ ICD-10 description _____ _____
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General Plan Communication

- Special instructions/notes: _____

Provider Information

- Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy
- Do not combine with tumor necrosis factor (TNF) agents or other biologic DMARDs.
- Dosing guidelines for adults: Less than 60 kg: 500 mg; 60 to 100 kg: 750 mg; 100 kg or greater: 1000 mg

Infusion Therapy

abatacept (ORENCIA) in 0.9% sodium chloride 100 mL IV infusion
Dose: 500 mg 750 mg 1000 mg _____ mg
Route: Intravenous
Frequency: **Once every 4 weeks**
Infuse over: 30 minutes
If infusion-related reaction:
 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD
Note any changes to above regimen: _____

Pre-Meds

acetaminophen (TYLENOL) tablet
Dose: 650 mg **Route:** Oral **Frequency:** Once, 30 minutes prior to abatacept infusion.
 May also be given once as needed during infusion for achiness, headache, or fever if not given prior to infusion.

cetirizine (ZYRTEC) tablet
Dose: 10 mg **Route:** Oral
Frequency: Once, at least 30 minutes prior to abatacept infusion (if not taken at home).

Other: _____
Dose: _____ **Route:** Oral **Frequency:** Once, 30 minutes prior to abatacept infusion

No routine pre-medications necessary. Above medications may be given if patient has reaction and requires pre-medications for future doses.

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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IV Line Care

- 0.9% sodium chloride infusion 250 mL
Rate: 30 mL/hr Route: Intravenous Frequency: Run continuously to keep vein open
 Start peripheral IV if no central line
- heparin flush 100 unit/mL
Dose: 500 units Route: Intracatheter Frequency: PRN for IV line care per Nursing Policy

Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing
- diphenhydrAMINE (BENADRYL) injectable
Dose: 25 mg Route: Intravenous
Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg Route: Intramuscular Frequency: Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
Dose: 100 mg Route: Intravenous Frequency: Once PRN for hypersensitivity

Lab Review for Nursing

When labs are available in Epic:

- Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 8 weeks.
- If labs have not been drawn within 8 weeks, proceed with infusion and instruct patient to receive lab draw today.
- If patient is more than 12 weeks overdue for labs, hold infusion and notify provider.

Nursing Orders

- Do not administer abatacept and notify provider if patient has a temperature greater than 100 degrees F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Discontinue IV line when therapy complete and patient stabilized.

References

- ORENCIA® Full Prescribing Information.

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Olympia Medical Center

700 Lily Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7493 Phone: 360-307-7444

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____