



Nucara Pharmacy      Nucara Infusion Center  
 6111 Burnet Rd      6013 Burnet Rd  
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Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Wt(kg): \_\_\_\_\_

Allergies: \_\_\_\_\_ Phone: \_\_\_\_\_

## Orencia (Abatacept) Infusion Orders

### Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, diagnostic results
- Required Labs: TB & Hep B screening

### Primary Diagnosis:

- Systemic Lupus Emphysematous(ICD-10 : \_\_\_\_\_)
- Rheumatoid Arthritis(ICD-10: \_\_\_\_\_)
- Rheumatoid Juvenile Idiopathic Arthritis (ICD-10 : \_\_\_\_\_)
- Psoriatic Arthritis (ICD-10 : \_\_\_\_\_)
- Other (ICD-10 : \_\_\_\_\_)

### ORENCIA ORDERS

<60kg - Orencia 500mg  
 60kg to 100kg - Orencia 750mg  
 >100kg - Orencia1000mg

Date of Last Orencia: \_\_\_\_\_

Frequency: Induction: weeks 0, 2, 4, then every 4 weeks  
 Subsequent: every \_\_\_\_\_ weeks

*Administered per manufacturer guidelines*

### PRE-MEDICATIONS

PO Tylenol \_\_\_\_\_mg

PO Cetirizine \_\_\_\_\_mg

IV Solu-medrol \_\_\_\_\_mg

PO Loratadine \_\_\_\_\_mg

PO IV Diphenhydramine \_\_\_\_\_mg

PO IV Other: \_\_\_\_\_mg

### LABS

CBC

ESR

Uric Acid

Frequency: Every Visit  
 Every Other Visit  
 One time only  
 Other: \_\_\_\_\_

CMP

TB Quantiferon Gold

Other: \_\_\_\_\_

CRP

Hep B Core/Surface AG

Other: \_\_\_\_\_

CPL Acct #: \_\_\_\_\_

### ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: