



Abatacept (Orenzia) Order Set:

Patient Name: _____ DOB: _____
Height: _____ Weight: _____ (kg) Allergies: _____

Assign as Outpatient

Criteria for Administration:

A negative TB skin test or other appropriate documentation of TB status must be faxed to 430-6976 prior to scheduling of appointment for patient.

Diagnosis:

___ M05. _____ Rheumatoid Arthritis ___ M06. _____ Rheumatoid Arthritis
___ L40. _____ Psoriasis ___ L40. _____ Psoriatic Arthritis
___ Other (ICD-10 Code): _____

Labs: To be done per MD office as Outpatient prior to admittance to Infusion Center.

Nursing: Confirm TB and hepatitis B status (or has received hepatitis B vaccination). Assess patient for active infection prior to initiation of therapy: notify MD if present.

Abatacept:

Infuse weight based dose of Abatacept in Normal Saline 100 ml IV over 30 minutes. Infuse using a 0.2 micron filter infusion set

- Patients Less than 60 kg: 500 mg every 2 weeks x 3 doses (Day 0, 14 and 28) then every 4 weeks
- Patients Between 60-100 kg: 750 mg every 2 weeks x 3 doses (Day 0, 14 and 28) then every 4 weeks
- Patients Greater than 100 kg: 1000 mg every 2 weeks x 3 doses (Day 0, 14 and 28) then every 4 weeks

Dose adjustments should ONLY be made if patient weight has increased or decreased by greater than 10% off current dosing weight.

Severe Reactions: Stop infusion, initiate anaphylaxis protocol and notify MD.

IV Line Care:

- Normal Saline 10 ml IV flush after each use
- For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing

Discharge when infusion complete

New MD order required every 6 months unless defined in original order

Physician Signature: _____ Date/Time: _____

