

PHYSICIAN ORDER SET :  
**ABATACEPT (ORENCIA) FOR RHEUMATOLOGY MAINTENANCE**

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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_ Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

**\*\*Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained\*\***

**Criteria to Treat**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Criteria to Treat</b>	Every 4 weeks		6 treatments
Verify that the patient has: 1) a negative hepatitis B screen or is hepatitis B immune 2) a negative TB status or adequate TB treatment 3) has not received a live vaccine within the last 3 months. If any of these criteria are not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact provider.			

**Pre- Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 650 mg</b>	Every 4 weeks		6 treatments
650 mg, Oral, Once Starting at treatment start time, For 1 dose Administer at least 30 mins prior to principal medication.			
<input type="checkbox"/> <b>CLARITIN/ALLEGRA OPTIONS</b>	Every 4 weeks		6 treatments
ABATACEPT MAINTENANCE PROTOCOL CSN:135097			

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**Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Abatacept (ORENCIA) in sodium chloride 0.9% 100 mL IVPB</b> Intravenous, Administer over 30 Minutes, Once, Starting 30 minutes after treatment start time, For 1 dose Use in-line 0.2 micron filter when infusing this preparation.  DOSE (Circle One): 500mg 750 mg 1000mg	Every 4 weeks		Every visit

**Labs**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>CBC and differential</b> Routine, Once, Starting when released	Every 12 weeks		6 treatments
<input type="checkbox"/> <b>Comprehensive metabolic panel</b> Routine, Once, Starting when released	Every 12 weeks		6 treatments
<input type="checkbox"/> <b>Sedimentation rate (ESR)</b> Routine, Once, Starting when released	Every 12 weeks		6 treatments
<input type="checkbox"/> <b>C-Reactive Protein</b> Routine, Once, Starting when released	Every 12 weeks		6 treatments
<input type="checkbox"/> <b>T spot TB test</b> Routine, Once, Starting when released Draw once a year	Every 52 weeks		Once per year

**Catheter Management**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Line Access</b> Routine, Once Starting when released Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment	PRN		PRN
<input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b> 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patient greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2mL	PRN		PRN
<input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b> Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect	PRN		PRN

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<input type="checkbox"/>	<b>heparin (PF) 100 unit/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/>	<b>heparin (PF) 10 unit/mL flush syringe 3 mL</b> 3 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/>	<b>heparin (PF) 10 unit/mL flush syringe 5 mL</b> 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
<input type="checkbox"/>	<b>heparin (PF) 1,000 unit/mL catheter injection 2 mL</b> 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INSFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN	PRN
<input type="checkbox"/>	<b>sodium chloride (NS) 0.9% syringe flush 3 mL</b> 3 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
<input type="checkbox"/>	<b>sodium chloride (NS) 0.9% syringe flush 10 mL</b> 10 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
<input type="checkbox"/>	<b>sodium chloride (NS) 0.9% syringe flush 20 mL</b> 20 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
<input type="checkbox"/>	<b>sodium chloride 0.9% infusion</b> 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN
<input type="checkbox"/>	<b>D5W infusion</b> 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN

**Emergency Medications/Anaphylaxis**

	Interval	Defer Until	Duration
<input type="checkbox"/>	PRN		PRN
<b>Provider and Nurse Communication</b>			
Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.			
<input type="checkbox"/>	PRN		PRN
<b>EPINEPHrine (ADRENALIN) injection 0.3 mg</b>			
0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL			
<input type="checkbox"/>	PRN		PRN
<b>sodium chloride 0.9% bolus 1,000 mL</b>			
1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose			
<input type="checkbox"/>	PRN		PRN
<b>Oxygen Therapy – Non-Rebreather</b>			
Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min SpO2			

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**Hypersensitivity**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting when released, Until Specified Treatment for mild-moderate insuion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medication as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
<input type="checkbox"/> <b>albuterol (ACCUNEB) 2.5 mg/3 mL nebulizer solution 2.5 mg</b> 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 975 mg</b> 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		PRN
<input type="checkbox"/> <b>diphenhydramine (BENADRYL) injection 25 mg</b> 25 mg, Intravenous, As needed, itching hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses Begin with 25 mg. If patient has continued reaction, administer additional 25 mg.	PRN		PRN
<input type="checkbox"/> <b>methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg</b> 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as a premed.	PRN		PRN
<input type="checkbox"/> <b>ondansetron (PF) (ZOFTRAN) injection 4 mg</b> 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		PRN
<input type="checkbox"/> <b>cetirizine (Zyrtec) tablet 10 mg</b> 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.	PRN		PRN
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 180 mg</b> 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine.	PRN		PRN