

ORENCIA IV (Abatacept) ORDER FORM

REFERRAL TYPE

- New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

- | | | |
|--|--|---|
| <input type="checkbox"/> 2730 University Blvd. West Suite 714
Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road Suite 250
Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue Suite 600
Chevy Chase, MD 20815 |
| <input type="checkbox"/> 18111 Prince Philip Drive Suite 323
Olney, MD 20832 | <input type="checkbox"/> 71 Thomas Johnson Drive
Frederick, MD 21702 | <input type="checkbox"/> 2021 K Street, NW Suite 300
Washington, DC 20006 |

PATIENT INFORMATION

Name:	DOB:	Email:
Address:		Weight: KG LBS Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone: Fax:
Address:	

ORENCIA IV ORDER

Dosing/Frequency:

Initial/Reloading Dose: _____ mg IV on 0, 2, 4 weeks, then every _____ weeks
 Maintenance Dose: _____ mg IV every _____ weeks

Diagnosis:

L40.51—Distal interphalangeal psoriatic arthropathy
 L40.59—Other psoriatic arthropathy
 M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
 M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites
 M06.09—Rheumatoid arthritis without rheumatoid factor, multiple sites
 M06.89—Other specified rheumatoid arthritis, multiple sites

Other Diagnosis: _____ ICD-10 Code (Required): _____

Special Instructions:

Physicians Signature: _____ Date: _____ *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

- Please fax the following documents and records:**
- Patient Demographics
 - Two most recent office notes (Supporting the DX and treatment ordered)
 - Most recent labs that include values for:
 - CMP, CBC, HBV Surface Antigen
 - TB Screening (PPD, QFT Gold or Tspot) or recent chest x-ray
 - Copy of the patient's insurance card(s) – front and back
 - Medication History
 - For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.