

North Texas Infusion and Specialty Pharmacy

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214)823-2533 FAX (214)887-0436 www.NTISP.org

Orencia® (abatacept) Enrollment Form

Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Card

Insurance Name		Insurance Name	Insurance Name
Cardholder Name	SSN	Cardholder Name	SSN Member ID
Group / Policy Number	Group / Policy Number	BIN Number	Group Number

Physician Information

Physician Name		Contact Person
Street Address	City	State Zip Code
Physician DEA Number	Phone Number	Fax Number

Statement of Medical Necessity

- 714.0 Rheumatoid Arthritis 714.30 Polyarticular juvenile arthritis, chronic or unspecified
 714.31 Polyarticular juvenile rheumatoid arthritis, acute
 Other: ICD-9 Code: _____ Description: _____ (date diagnosed) _____
• All other diagnosis require an ABN for Medicare.

Medical History

Patient Weight: _____ Height: _____
Tuberculin (PPD) skin test date _____ Negative Positive If Pos date of last Chest X-ray _____
Hep B surface antigen test done _____ Negative Positive Administer Hep B vaccine No Yes
Initial LFT normal No Yes History of CHF No Yes History of COPD No Yes

Prescription Orders

Anticipated start date _____

- Orencia® (abatacept) (250 mg per vial) infusion supplies and diluents NS and heparin 100u/ml flush
 Dispense as written Substitution allowed
 Dosing Schedule: Infuse in Normal Saline 0.9% (250 ml) over 30 min at weeks 0, 2 and then every 4 weeks.
 Renewal: _____ every 4 weeks Orencia Refills _____ times

- Premeds: No Premeds needed Benadryl 25 mg IVP Benadryl 50 mg IVP SoluMedrol 125mg
 SoluMedrol 40 mg IVP Acetaminophen 650 mg PO Promethazine 25mg IVP

If premeds are not indicated they will be given on a PRN basis in accordance with the Orencia Care Plan

Allergies: _____

Standing lab orders: CMP CBC ESR CRP Refill prn for 12 months

Physician's signature _____

Date _____

Fax completed form to (214) 887-0436.

Insurance / Clearance questions call (214) 276-5642 or e-mail mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623. Include the following documents when faxing the enrollment form: pt's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Orencia.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark

Updated 06/30/2010