



Edward-Elmhurst Cancer Centers
120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3887

Orencia Infusion Therapy Orders

Patient Name: _____ DOB: _____

*****Please include current history and physical and any recent labs/tests, if applicable*****

PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER

**Pre-Authorization # or
Call Reference #:**

(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

Check if insurance requires drug to be provided by specialty pharmacy

**Contact Name and Phone Number of
Insurance Company:**

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

Diagnosis (ICD-10 Required): _____

Patient Weight (lbs/kg): _____

Dose: _____ mg (Based on guidelines listed below). In 100ml 0.9% IVPB over 30 minutes.

Visit Frequency: To be given on weeks 0, 2, 4; then every 4 weeks thereafter.

Dosing Guidelines:

Body Weight of Patient	Dose
Less than 60kg (less than 132 lb)	500mg
60 to 100kg (132-220 lb)	750mg
Greater than 100kg (greater than 220 lb)	1 gram

Monitoring:

- Monitor vital signs pre and post-infusion.

In the event of a hypersensitivity reaction during the infusion of this medication, we will implement the reaction protocol. A designated nurse practitioner will evaluate your patient and your office will receive notification of the event.

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.

Physician Signature: _____ Date: _____

Ordering Physician NPI: _____ Swedish Hospital NPI: 1831151257

Physician Name (Please Print) Office Phone Fax Number
Revision/Review Date: 12/2024