



# anifrolumab-fnia (Saphnelo)

Provider Order Form rev. 10/12/2022

## PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

- ☒ Provide nursing care per Nursing Procedures, including reaction management and post-procedure observation

## LABORATORY ORDERS

- ☐ CBC ☐ at each dose ☐ every \_\_\_\_\_  
☐ CMP ☐ at each dose ☐ every \_\_\_\_\_  
☐ CRP ☐ at each dose ☐ every \_\_\_\_\_  
☐ Other: \_\_\_\_\_

## PRE-MEDICATION ORDERS (OPTIONAL)

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO  
☐ cetirizine (Zyrtec) 10mg PO  
☐ loratadine (Claritin) 10mg PO  
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV  
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV  
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV  
☐ Other: \_\_\_\_\_  
 Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
 Frequency: \_\_\_\_\_

## THERAPY ADMINISTRATION

- ☒ **Anifrolumab-fnia (Saphnelo)** 300mg in 100ml 0.9% sodium chloride
  - Dose: 300mg in 100ml NS
  - Route: intravenous
  - Frequency: once every 4 weeks
  - Infuse over 30 minutes
  - Flush with 0.9% sodium chloride at infusion completion
- ☐ Patient required to stay for 30-min observation  
☐ Refills: ☐ Zero / ☐ for 12 months / ☐ \_\_\_\_\_  
 (if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date

Please include the following information when submitting a referral for Saphnelo:

\*Clinical information that supports the diagnosis of an adult patient with moderate to severe systemic lupus erythematosus (SLE)