



Saphnelo (Anifrolumab-fnia) Infusion Orders

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code) _____

Other: _____

NKDA Allergies: _____

New Start Therapy Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider:

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

PRE-MEDICATION

- Acetaminophen 1000mg
- PO Diphenhydramine 25mg
- PO Ceterizine 10mg PO
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP

REQUIRED DOCUMENTS:

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

SAPHNELO ORDERS:

- Saphnelo 300 mg diluted in 100ml 0.9% sodium chloride and administered as an intravenous infusion over a 30-minute period

FREQUENCY:

- Every 4 weeks
- Other: _____

REFILLS:

(if not indicated prescription will expire one year from date signed)

Infuse One Standing Orders:

- Provide treatment under Infuse one's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

Serious and sometimes fatal infections have occurred in patients receiving Saphnelo. Saphnelo increases the risk of respiratory infections and herpes zoster. Avoid initiating treatment during an active infection. Consider the individual benefit-risk if using in patients with severe or chronic infections. Consider interrupting therapy with Saphnelo if patients develop a new infection during treatment. Serious hypersensitivity reactions including anaphylaxis and angioedema have been reported. Consider the individual benefit-risk in patients with known risk factors for malignancy prior to prescribing.