



Saphnelo (Anifrolumab-fnia) Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

Active Systemic Lupus Erythematosus (SLE) ICD 10 Code: M32.9
 Other: _____ ICD 10 Code: _____

Required Tests (within 12 months & attach results)

TB/Quantiferon Status & Date: _____
Hepatitis B Status & Date: _____
ANA (anti-nuclear Ab) and/or anti-dsDNA Test Result: _____

Required Labs (within 3 months & attach results)

CBC Results _____
CMP Results _____
CRP Results _____
Pregnancy Test (if applicable): _____
Other: _____

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
Diphenhydramine (Benadryl) 25mg 50mg PO IV
Methylprednisolone (Solu-Medrol) 125mg IV
Ondansetron (Zofran) 4mg 8mg PO IV
Other: _____ Route: _____
Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures,
Including reaction management and post-procedure observation.

Provider Information

Provider Name: _____ Provider NPI: _____
Office Phone: _____ Office Fax: _____
Provider Signature: _____ Date: _____

Saphnelo Medication Order

Patient Weight: _____ KG

Dosage
 300mg IV
 Other _____

Frequency
 Once every 4 weeks
 Other _____

Required Documents
 Patient Demographic Sheet
 H & P within the past 6 months
 Current Medication List
 Clinical and Progress Notes

Special Instructions / Notes