

# Saphnelo Order

(Anifrolumab-fnia)



InfusionForHealth.com  
Ph: 888-777-1945 | Fax: 805-852-2636

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**  Demographics  Insurance Information  Current CBC & CMP  
 H & P Relevant to the Diagnosis  TB Labs  Current Medications

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: Systemic Lupus Erythematosus (SLE)

ICD-10: M32

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## PRE-MEDICATIONS: (USUALLY NOT INDICATED)

Diphenhydramine:  PO  IV  25mg  50mg  Pre-med  PRN

Acetaminophen:  PO  650mg  Pre-med  PRN

## SAPHNELO (ANIFROLUMAB-FNIA) IV DOSAGE

Date of Last Treatment, If Continuation: \_\_\_\_\_

**300 mg / 100 mL 0.9% Sodium Chloride**

**Every 4 Weeks**

Other: \_\_\_\_\_ Duration: \_\_\_\_\_

Start Date of Infusion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_