

**SAPHNELO (anifrolumab-fnia) ORDER FORM**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ WT: \_\_\_\_\_ HT: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**DIAGNOSIS**

HAS THE PATIENT PREVIOUSLY RECEIVED: SAPHNELO (anifrolumab-fnia)  NO  YES - LAST DOSE DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ICD 10 CODE(S): \_\_\_\_\_

**MEDICATION ORDERS**

DOSE/FREQUENCY: \_\_\_\_\_ Maintenance orders are valid for 1 year. For a shorter duration, indicate here: \_\_\_\_\_

300 mg IV every 4 weeks

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

PREMEDICATION: 15-30 minutes prior to infusion (recommended in patients with a history of hypersensitivity reactions)

Diphenhydramine 50 mg PO  Acetaminophen 500 mg PO  Other (dose/route): \_\_\_\_\_

**STANDARD ORDERS**

**ANCILLARY ORDERS:**

- Infusion Reaction Management per Infusion Solutions Protocol.
- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush with 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2 ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

**NURSING ORDERS:**

- If no central IV access, RN to insert peripheral IV.
- Obtain weight before each dose.
- Monitor vital signs (temp, HR, RR, BP) before therapy, and every 15-30 minutes or with each rate change.
- If an infusion reaction occurs, decrease rate AND monitor vital signs until symptoms subside. If the reaction persists or worsens, stop the infusion, initiate reaction protocol, and notify provider.
- Observe patient for at least 15 minutes after completion of infusion.

**LABS**

**LAB ORDERS:**

\_\_\_\_\_

**LAB FREQUENCY:**

\_\_\_\_\_

**REQUIRED DOCUMENTATION**

**REQUIRED CLINICAL DOCUMENTS:**

- None

**RECOMMENDED CLINICAL DOCUMENTS (provide if available):**

- Documentation that any clinically significant active infection is receiving effective treatment.
- Review that all age-appropriate vaccinations are up-to-date as per current immunization guidelines. If clinically indicated, administer herpes zoster vaccination prior to initiation with Saphnelo. Herpes zoster infections have been shown to be increased in patients receiving Saphnelo.
- Documentation indicating any history of cancer
- Documentation of any hypersensitivity to polysorbate 80

**SUPPORTING DOCUMENTS:**

- Patient demographic and insurance information.
- Copy of front and back of insurance card if available.
- Patient's medication list.
- Supporting clinical notes, including past tried and/or failed therapies.

**PROVIDER INFORMATION**

\_\_\_\_\_  
 PRESCRIBER SIGNATURE (substitution)

\_\_\_\_\_  
 PRESCRIBER SIGNATURE (dispense as written)

\_\_\_\_\_  
 PRINT NAME (FIRST AND LAST)

\_\_\_\_\_  
 DATE