

Anifrolumab (Saphnelo) Order Form**PATIENT & PRESCRIBER INFORMATION**

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____

Patient Address: _____

Ht.: _____ Wt.: _____ lbs. kg. Allergies: _____

Prescriber Name/Title: _____ Address: _____

Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION**

- May substitute mandated or preferred biosimilar as necessary.
- Infusion rates will follow manufacturer recommendations.
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.

Pre-Treatment Medications: (Check all that apply) **To be administered 30 minutes prior to each administration.**

- Acetaminophen (Tylenol) 650 mg by mouth x 1 dose
- 25 mg / 50 mg Diphenhydramine (Benadryl) PO or IV x 1 dose
- Methylprednisolone (Solumedrol) 100 mg IVP x 1 dose
- Other (Please Specify) _____

AND**Diagnosis** (Check all that apply)

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Systemic Lupus Erythematosus (SLE), unspecified | <input type="checkbox"/> Systemic Lupus Erythematosus (SLE), organ or system involvement unspecified | <input type="checkbox"/> Endocarditis in Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Pericarditis in Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Lung Involvement in Systemic Lupus Erythematosus (SLE) |
| <input type="checkbox"/> Glomerular disease in Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Tubulo-interstitial nephropathy in Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Other organ or system involvement in Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Other forms of Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Other _____ |

Dose:

- Anifrolumab (Saphnelo) 300 mg IV every 4 weeks, x 1 year

Additional order(s) _____

Lab order(s)

- CBC at each dose or every _____
- CBC w/ Diff at each dose or every _____
- CMP at each dose or every _____
- Other – _____

PROVIDER:

DATE:

TIME:

SIGNATURE: