Palmetto INFUSION

Phone: 1-800-809-1265 Fax: 1-866-872-8920

MRN:_____

DOB:_____

STANDARD SAPHNELO® (Anifrolumab-fnia) PLAN OF TREATMENT

NOTE: Patient ***may be ineligible*** to receive Anifrolumab-fnia if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new-onset or deterioration neurological changes, and/or surgery.

1. Patient Name:_____ Height (inches):_____ Weight (lbs):_____

2. Allergies:_____

3. Diagnosis: ☐ **M32.90 Systemic lupus erythematosus, unspecified**

☐ Other **ICD-10 Code:**_____ **Diagnosis description:** _____

4. Pre-medications: ***Administered 30 minutes prior to infusion as selected***

Acetaminophen: □ 650 mg PO □ 500 mg PO □ 325 mg PO	Diphenhydramine: ◘ 25 mg PO, ◘ 50 mg PO, ◘ 25 mg IVP, □ 50 mg IVP or Fexofenadine ◘ 60mg or ◘ 180 mg, ◘ Cetirizine 10 mg, □ Loratadine 10 mg Methylprednisolone ◘ 40 mg IVP ◘ 125 mg IVP or other_____mg IVP Famotidine: ◘ 20 mg PO, ◘ 40 mg PO, ◘ 20 mg IVP, □ 40 mg IVP

Pre-medicate with other: _____

Orders: Saphnelo® (Anifrolumab-fnia) 300mg per 100 ml Sodium Chloride 0.9% IV to infuse over 30 minutes every 4 weeks via pump with 0.2 or 0.22-micron filter.

Upon completion of the infusion, Flush the infusion set with 25mL of 0.9% Sodium Chloride Injection, USP

Special Orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

5. Physician's Signature:_____/_____ Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials:_____ NPI: _____

6. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com

Revised 08/12/21

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DOB:_____

Guidelines for Prescribing SAPHNELO® (Anifrolumab-fnia)

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:**_____

☐ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

☐ Include patient demographic information and insurance information. (Copy of insurance cards if available)

☐ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

☐ Other as requested: _____

_____

_____

** Warnings/Precautions: **Serious Infections:** Serious and sometimes fatal infections have been reported in patients receiving immunosuppressive agents, including Saophnelo®. Use with caution in patients with severe or chronic infections. Consider interrupting therapy with Saophnelo® if patients develop a new infection during treatment. **Hypersensitivity Reactions including anaphylaxis** and events of Angioedema have been reported. Consider pre-medication before infusion of Saphnelo for a patient with history of these reactions. **Malignancy** There is an increased risk of Malignancy with use of Immunosuppressants. The impact of Saphnelo treatment on the potential development of malignancy is unknown.

Limitations of Use: The efficacy of Saophnelo® has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus. Saphnelo® has not been studied in combination with other biologics. Use of BENLYSTA® is not recommended in these situations.

Evaluation of immunizations should be completed prior to, and live vaccines should not be given for 30 days before or concurrently with Saophnelo®. See full prescribing information

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.

Revised 08/12/21