



**Anifrolumab (Saphnelo)**

**Patient and Physician Information**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:**

- ☐ Systemic Lupus Erythematosus (SLE), organ or system involvement unspecified – M 32.10 ☐
- ☐ Endocarditis in systemic Lupus Erythematosus (SLE) – M32.11
- ☐ Pericarditis in Systemic Lupus Erythematosus (SLE) - M32.12
- ☐ Lung involvement in Systemic Lupus Erythematosus (SLE) - M32.13
- ☐ Glomerular disease in Systemic Lupus Erythematosus (SLE) - M32.14
- ☐ Tubulo-interstitial nephropathy in Systemic Lupus Erythematosus (SLE) - M32.15
- ☐ Other organ or system involvement in Systemic Lupus Erythematosus (SLE) - M32.19
- ☐ Other forms of Systemic Lupus Erythematosus (SLE) - M32.8
- ☐ Systemic Lupus Erythematosus (SLE) , unspecified - M32.9

**Orders**

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port

☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

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

**Infusion – Anifrolumab (Saphnelo) [J0491 : 1 MG = 1 unit]**

- ☒ Anifrolumab (Saphnelo) 300 MG in 100 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE over 30 minutes using an infusion line containing a sterile, low-protein binding 0.2 or 0.22 micron in-line filter. Repeat EVERY 4 WEEKS.

**Infusion Reaction**

- ☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

**Discharge**

- ☒ Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

DATE: \_\_\_\_\_  
10842508

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE