PREMIER INFUSION CENTER

📄 Saphnelo (anifrolumab-fnia) IV Infusion Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ M32.10 – Systemic lupus erythematosus, unspecified organ/system involvement
☐ M32.14 – Glomerular disease in systemic lupus erythematosus
☐ M32.19 – Other organ/system involvement in systemic lupus erythematosus
☐ M32.9 – Systemic lupus erythematosus, unspecified
☐ Other: _____ **ICD-10 Code:** _____

🔹 Infusion Order

☐ 300 mg IV in 100 mL 0.9% sodium chloride over 30 minutes
☐ Frequency: Every 4 weeks
☐ Use 0.2-micron in-line filter
☐ Flush with 25 mL 0.9% sodium chloride post-infusion
☐ Observation: ☐ 30 minutes post-infusion
☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard infusion protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Optional)

☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ PO ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Famotidine: ☐ 20 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ ANA ☐ Anti-dsDNA
☐ Anti-Sm ☐ Anti-Ro/SSA ☐ Anti-La/SSB
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Documentation of prior therapies, intolerance, or contraindications
☐ Immunization history (no live vaccines within 30 days of infusion)

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____