

Saphnelo Infusion Order

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

Infusion Therapy:

Saphnelo (anifrolumab-fnia) **300** mg IV over 30 minutes

Frequency: every _____ weeks

ICD 10 code: _____

Pre-Meds: Administer 30 minutes prior to Saphnelo:

Acetaminophen _____ mg PO x 1

Benadryl _____ mg PO or _____ mg IV x 1

Loratadine 10 mg PO x 1

SoluMedrol _____ mg IV x 1

PRN Medications:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Ibuprofen 800mg PO every 8 hours PRN pain

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Infuse using an in-line protein .2-micrometer filter.
- Flush infusion set with 25 mL of NS upon completion.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of infusion.
- Do not administer if a patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB: