

Saphnelo

(Anifrolumab-fnia)

Treatment Location: Dublin, OH Lancaster, OH

PROVIDERS: Please include the following to expedite the order:
Patient Demographics, Most Recent Office Visit Note, Insurance Information

PATIENT INFORMATION			
Referral Status: <input type="checkbox"/> New Referral <input type="checkbox"/> Updated Order <input type="checkbox"/> Order Renewal			
Date:	Patient Name:	Patient Phone:	DOB:
ICD-10 code (required): <input type="checkbox"/> M32. _____		ICD Description:	
Allergies:		Weight (lbs/kg):	Height:
Patient Status:	<input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

PROVIDER INFORMATION			
Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip:

NURSING

Center will use Hypersensitivity protocol established by Infuse One Ohio

PRE-MEDICATION ORDERS

Pre-medications not usually indicated

Diphenhydramine 25mg / 50mg PO / IV

Acetaminophen 325mg / 500mg / 650mg PO

Other: _____

Dose: _____ Route: _____ Frequency: _____

SPECIAL INSTRUCTIONS:

THERAPY ADMINISTRATION

Saphnelo Intravenous Infusion

Dose: 300mg Every 4 Weeks

Other: _____

Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.

Provider Name (Print)	Provider Signature	Date
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Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.