



Nucara Pharmacy Nucara Infusion Center
 6111 Burnet Rd 6013 Burnet Rd
 Austin, TX 78757 Austin, TX 78757
 Phone: 512-454-9923 Phone: 512-454-9923 x8
 Fax: 512-524-1801 Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

SAPHNELO (anifrolumab-fnia) Infusion Orders

Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, diagnostic results

Primary Diagnosis:

Systemic Lupus Erythematosus (ICD-10 : _____)

Other: _____ (ICD-10: _____)

SAPHNELO ORDERS

Saphnelo 300mg IV every 4 weeks

Saphnelo _____ mg IV every ____ weeks

Date of Last Saphnelo: _____

Administered per manufacturer guidelines

PRE-MEDICATIONS

PO Tylenol _____ mg

PO Cetirizine _____ mg

IV Solu-medrol _____ mg

PO Loratadine _____ mg

PO IV Diphenhydramine _____ mg

PO IV Other: _____ mg

LABS

CBC

ESR

Uric Acid

Frequency:

Every Visit

CMP

TB Quantiferon Gold

Other: _____

Every Other Visit

CRP

Hep B Core/Surface AG

Other: _____

One time only

Other: _____

CPL Acct #: _____

ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:

Phone:

Fax:

Physician Signature:

NPI:

Date: