

**Patient Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ ☐ in ☐ cm Weight: \_\_\_\_\_ ☐ kg ☐ lbsAddress: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

SSN: \_\_\_\_\_

**PLEASE INCLUDE ON FAX A COPY OF FRONT  
AND BACK OF INSURANCE CARD(S)**

**Prescriber**

Prescriber name: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Clinical Information (Please fax all pertinent clinical and lab information)**Diagnosis: ☐ M32.9 (Systemic lupus erythematosus)

Allergies: \_\_\_\_\_

**Intravenous Saphnelo®****Flushing/Premedication Orders:**

- ✓ Flushing per CoxHealth at Home protocol
- ✓ PIV: 0.9% sodium chloride 3-20mL before and after infusion as needed
  - ✓ Port: 0.9% sodium chloride 3-20mL into port at time of access or at least monthly, 0.9% sodium chloride 3-20mL before and after infusion as needed, Heparin 100 units/mL 5mL as lock after infusion

Please check desired premedication below. All medications will be given 30-60 minutes prior to infusion

Acetaminophen: ☐ 650mg by mouth ☐ Other: \_\_\_\_\_Diphenhydramine: ☐ 50mg by mouth ☐ 25mg IV ☐ 50mg IV ☐ Other: \_\_\_\_\_Methylprednisolone: ☐ 40mg IV ☐ Other: \_\_\_\_\_**Saphnelo® (anifrolumab) IV** over approximately 30 minutes

If different rate desired, please write here: \_\_\_\_\_

Frequency: ☐ Every 4 weeks ☐ Other: \_\_\_\_\_**Dose:** Dilute in 100mL 0.9% sodium chloride. Withdraw volume of dose to be added to bag prior to mixing.☐ 300mg ☐ Other: \_\_\_\_\_**Quantity to dispense:** ☐ 1 dose with 12 refills (1 year) or ☐ \_\_\_\_\_ infusion(s)**Labs:** every \_\_\_\_\_ (frequency) ☐ CBC with diff ☐ CMP ☐ Other: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize CoxHealth at Home and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to CoxHealth at Home.