

SAPHNELO MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis Please provide diagnosis and code to the highest possible level of specificity.

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| <input type="checkbox"/> M32.10 Systemic lupus erythematosus, org or sys involv unsp | <input type="checkbox"/> M32.15 Tubulo-interstitial nephropathy in SLE |
| <input type="checkbox"/> M32.11 Endocarditis in SLE | <input type="checkbox"/> M32.19 Other organ or system involvement in SLE |
| <input type="checkbox"/> M32.12 Pericarditis in SLE | <input type="checkbox"/> M32.8 Other forms of SLE |
| <input type="checkbox"/> M32.13 Lung involvement in SLE | <input type="checkbox"/> M32.9 Systemic lupus erythematosus, unspecified |
| <input type="checkbox"/> M32.14 Glomerular disease in SLE | |

■ Details Needed for Authorization Please send documentation, chart notes and results which support these answers.

FOR NEW THERAPY

- Does the patient have moderate-to-severe or severe SLE? _____
- What is the patient's SLEDAI 2K score? _____ Alternatively, what is the patient's BILAG score? _____
- What is the patient's PGA score despite receiving standard SLE therapy? _____
- What medication is the patient currently taking for SLE? _____
- Will the patient be concurrently using Saphnelo together with another biologic agent? _____ If Yes, which one(s)? _____

FOR CONTINUING THERAPY

- Is the patient showing clinical benefit while on Saphnelo? _____ If Yes, please provide details: _____
- Please provide documentation showing improvement versus baseline, such as SLEDAI 2K score, BILAG score and/or PGA score.
- There is absence of unacceptable toxicity from Saphnelo? _____

FOR ALL PATIENTS (in addition to the appropriate section above)

- Does the patient have severe CNS lupus? _____
- Does the patient have severe active lupus nephritis? _____
- Is the patient currently receiving therapy for acute or chronic infection? _____ If Yes, what rx and what for? _____
- Will the patient be instructed not to have any live vaccines while taking Saphnelo? _____
- Please attached a list of which medications for SLE the patient has tried and failed and/or has contraindication for.
- Laboratory results for ANA, Anti0dsFNA, Anti-Ro/SSA and/or anti-Smith antibodies should be provided.

■ Medication Order

Patient's height in feet/inches: _____ Patient's weight in pounds: _____

- Saphnelo (anifrolumab-fnia) 300mg by IV every 4 weeks for _____ months.

Medication shall be added to a 100ml 0.9% NaCl infusion bag. The IV line shall have a 0.2 or 1.2 micron in-line filter attached. Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms at start, throughout infusion, and after completion.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.