

- NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4589; Fax: 207-768-4183
- NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970
- NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801
- NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788
- NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348

- NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485
- NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418
- NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917
- NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

OUTPATIENT ANIFROLUMAB (SAPHNELO) ORDERS

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Diagnosis:

Moderate to severe systemic lupus erythematosus in combination with standard therapy **ICD10:** _____

IV Access:

- Saline Lock:
 - Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
 - Discontinue Saline Lock after therapy completed
- PICC Line:
 - Routine PICC Line Care, labs and restoration
 - Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- Porta cath / Central Access Device (Hickman, Triple lumen):
 - Porta cath access, labs, restoration and de-access / Central Access Device use and care

Height: _____ cm **Weight:** _____ kg

Pre-medications:

- Acetaminophen 650 mg PO ONCE
- Cetirizine 10 mg PO ONCE
- Hydrocortisone 100 mg IVP ONCE

Medication:

Anifrolumab (Saphnelo) 300 mg/100 mL 0.9% sodium chloride, IVPB, infuse over 30 minutes

Frequency: Every 4 weeks
 Other: _____

Duration: ONCE
 12 Months
 Other: _____

Note: Maintain a minimal interval of 14 days between each scheduled monthly infusion

Other: _____



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Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
June 2024