

anifrolumab-fnia (Saphnelo)



Provider Order Form rev. 2/6/26

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy 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 Code: _____

NURSING

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)

LABORATORY ORDERS

- CBC at each dose every _____
 CMP at each dose every _____
 CRP at each dose every _____
 Other: _____

PRE-MEDICATION ORDERS (OPTIONAL)

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 cetirizine (Zyrtec) 10mg PO
 loratadine (Claritin) 10mg PO
 diphenhydramine (Benadryl) 25mg / 50mg PO / IV
 methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 hydrocortisone (Solu-Cortef) 100mg IV
 Other: _____
Dose: _____ Route: _____
Frequency: _____

THERAPY ADMINISTRATION

- Anifrolumab-fnia** (Saphnelo) 300mg in 100ml 0.9% sodium chloride
- Dose: 300mg in 100ml NS
 - Route: intravenous
 - Frequency: once every 4 weeks
 - Infuse over 30 minutes
 - Flush with 0.9% sodium chloride at infusion completion

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

APPEALS PROCESS

Upon denial, IVX will appeal with a Letter of Medical Necessity unless you opt out: Opt out (I will manage any denial)

SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date

IVX HEALTH FAX NUMBERS

ARKANSAS: 501-451-5644

AUSTIN: 512-772-2824

BAY AREA: 844-889-0275

CHARLOTTE: 336-663-0143

CHICAGO: 312-253-7244

CINCINNATI: 844-946-0868

COLLEGE STN: 979-205-4686

COLUMBUS: 844-627-2675

CONNECTICUT: 860-955-1532

DALLAS: 469-947-6114

DAYTONA: 386-259-6096

DELAWARE: 302-596-8553

EAST TN/TRI-CITIES: 615-425-7427

FT. LAUDERDALE: 754-946-2052

HARRISBURG: 844-859-4235

HOUSTON: 832-631-9595

INDIANAPOLIS: 844-983-2028

JACKSONVILLE: 904-212-2338

KANSAS CITY: 844-900-1292

LAKELAND: 863-316-3910

MELBOURNE: 321-800-9515

MIAMI: 786-744-5687

MIDDLE/WEST TN: 888-615-1445

NORTH CENTRAL FL: 352-756-4191

NORTH JERSEY: 551-227-2823

NYC: 332-334-0809

ORLANDO: 844-946-0867

PALM BEACH: 561-768-9044

PHILADELPHIA: 844-820-9641

PIEDMONT TRIAD: 336-790-2200

RALEIGH: 919-287-2551

SAN ANTONIO: 726-238-9950

SARASOTA: 941-870-6550

SOUTH JERSEY: 856-519-5309

SOUTHWEST FL: 813-283-9144

TAMPA: 844-946-0849

WACO: 254-343-7650