

Anifrolumab-fnia (SAPHNELO)

Infusion Therapy Plan Orders

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Name: _____
Kaiser Permanente Member I.D. #: _____
Date of Birth: _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers using the link at the end of this protocol).

Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all the following:

Order Date: _____	Diagnosis ICD-10 code (REQUIRED): _____
Weight: _____ kg	ICD-10 description: _____

General Plan Communication

Special instructions/notes: _____

Provider Information

- If a planned infusion is missed, administer SAPHNELO as soon as possible. Maintain a minimum interval of 14 days between infusions.
- Avoid concurrent use of live or live-attenuated vaccines in patients treated with Saphnelo.

Infusion Therapy

Anifrolumab-fnia (SAPHNELO) 300 mg in 0.9% Sodium Chloride 100 mL

Dose: 300 mg

Route: Intravenous

Frequency: Every 4 weeks

Infusion rate: Over 30 minutes using a low-protein binding 0.2 micron in-line or add-on filter

Administration:

- Flush line with 25 mL 0.9% NaCl after administration to ensure that all the infusion solution has been administered.
- Administer in a separate line from other agents.

Note any changes to above regimen:

Pre-Medications

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	Dose: 650 mg	Route: Oral	Frequency: Once PRN, 30 minutes prior to infusion if patient has history of prior reaction. May also be given once as needed during infusion for achiness, headache, or fever.
<input checked="" type="checkbox"/> cetirizine (ZYRTEC) tablet	Dose: 10 mg	Route: Oral	Frequency: Once PRN, 60 minutes prior to infusion (if not taken at home) if patient has history of prior reaction. Give instead of diphenhydramine if not tolerated or desired.
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) oral	Dose: 50 mg	Route: Oral	Frequency: Once PRN, 30 minutes prior to infusion if patient has history of prior reaction. May substitute with cetirizine if not tolerated or desired.

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____

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<input checked="" type="checkbox"/>	Other: _____	<i>Dose:</i> _____	<i>Route:</i> Oral	<i>Frequency:</i> Once PRN, 30 minutes prior to infusion.
IV Line Care				
<input checked="" type="checkbox"/>	0.9% Sodium Chloride (NS) infusion 250 mL	<i>Rate:</i> 30 mL/hr	<i>Route:</i> Intravenous	<i>Frequency:</i> Run continuously to keep vein open. Start peripheral IV if no central line.
PRN & Hypersensitivity Reaction Medications				
<input checked="" type="checkbox"/>	acetaminophen (TYLENOL) tablet	<i>Dose:</i> 650 mg	<i>Route:</i> Oral	<i>Frequency:</i> Take 650 mg PO every 4 hours PRN for fever (greater than 100.4 F), myalgias, arthralgias or headache.
<input checked="" type="checkbox"/>	alteplase (CATHFLO ACTIVASE) injection	<i>Dose:</i> 2 mg	<i>Route:</i> Intracatheter	<i>Frequency:</i> Instill 2 mg to affected port(s) of central venous catheter if sluggish or occluded. Allow to dwell for 30 minutes, if unable to aspirate blood allow to dwell for an additional 90 minutes. May repeat one time if unsuccessful.
<input checked="" type="checkbox"/>	diphenhydrAMINE (BENADRYL) injectable	<i>Dose:</i> 50 mg	<i>Route:</i> Intravenous	<i>Frequency:</i> Give IV push over 2 minutes PRN for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. May repeat one time. Notify provider if patient experiences a hypersensitivity reaction.
<input checked="" type="checkbox"/>	famotidine (PEPCID) (PF) injection	<i>Dose:</i> 20 mg	<i>Route:</i> Intravenous	<i>Frequency:</i> Give once IV push over 2 minutes for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Give immediately after diphenhydrAMINE. Notify provider if patient experiences a hypersensitivity reaction.
<input checked="" type="checkbox"/>	methylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)	<i>Dose:</i> 125 mg	<i>Route:</i> Intravenous	<i>Frequency:</i> Give 125 mg IV push one time PRN for shortness of breath, bronchospasm, or other symptoms of a suspected hypersensitivity reaction not otherwise specified. Notify provider if patient experiences a hypersensitivity reaction.
<input checked="" type="checkbox"/>	sodium Chloride 0.9% IV bolus	<i>Dose:</i> 1000 mL	<i>Route:</i> Intravenous	<i>Frequency:</i> Give IV over 1 hour one time PRN for hypotension due to presumed anaphylaxis. Notify provider if patient experiences a hypersensitivity reaction.
<input checked="" type="checkbox"/>	EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector	<i>Dose:</i> 0.3 mg	<i>Route:</i> Intramuscular	<i>Frequency:</i> Give IM once PRN for anaphylaxis/allergic reaction. May repeat one time. KPWA Asthma/Allergy and Pediatrics endorse: For patients < 25 kg (55 lbs): 0.15 mg. For patients ≥ 25 kg (55 lbs): 0.3 mg. Inject into anterolateral aspect of the thigh.
Nursing Orders				
<ul style="list-style-type: none"> • Begin 0.9% NaCl as primary line to keep vein open. • Infuse over 30 minutes using sterile, low-protein binding 0.2–15 micron in-line or add-on filter. • Perform assessment for toxicity and tolerance. • Notify provider of signs/symptoms of active infection or live vaccination before proceeding with infusion. 				

Provider Signature: _____

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Printed Name: _____

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- Monitor for temperature greater than 100.4F, chills, pruritus, chest pain, blood pressure changes (notify MD if greater than 10% drop in systolic blood pressure or if patient is symptomatic), or dyspnea.
- For hypersensitivity: stop anifrolumab-fnia, give diphenhydramine and steroid as ordered.
- Flush line with 25 mL 0.9% NaCl post-infusion.
- Review discharge medications, instructions, and future appointments.
- **If infusion related reaction:**
 1. STOP infusion immediately
 2. Begin primary infusion to wide open rate
 3. Notify MD
 4. Monitor vital signs
 5. Administer PRN medications
 6. 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred

References

Anifrolumab-fnia (SAPHNELO) injection for intravenous use Prescribing Information. Updated August 2024

Kaiser Permanente Infusion Locations

Please refer to the link below for the current list and contact information:
<https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion>

Provider Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Fax: _____