

# Saphnelo

Provider Order Form rev. 1/01/2022

## PATIENT INFORMATION

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

NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Next Due Date (if applicable): \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ICD-10 CODE

- M32.0 - Drug-induced systemic lupus erythematosus
- M32.10 - Systemic lupus erythematosus, organ or system involvement unspecified;
- M32.11 - Endocarditis in systemic lupus erythematosus;
- M32.12 - Pericarditis in systemic lupus erythematosus;
- M32.13 - Lung involvement in systemic lupus erythematosus;
- M32.14 - Glomerular disease in systemic lupus erythematosus;
- M32.15 - Tubulo-interstitial nephropathy in systemic lupus erythematosus;
- M32.19 - Other organ or system involvement in systemic lupus erythematosus;
- M32.8 - Other forms of systemic lupus erythematosus;
- M32.9 - Systemic lupus erythematosus, unspecified;
- Other: \_\_\_\_\_

## MEDICATION ORDER

- Saphnelo**
    - Dose: 300 mg, administered as an intravenous infusion over a 30-minute period, every 4 weeks
- Refills:  Zero /  12 mos /
- Other \_\_\_\_\_

## SPECIAL INSTRUCTIONS

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

## ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- ANA (SLE)
- Comprehensive Metabolic Panel, CBC with differential w/in past 3 months