Saphnelo™ (anifrolumab-fnia)

☐ New Referral ☐ Restart ☐ Medication Order Change

PATIENT INFORMATION

Name ______________________
Date ______________________
DOB ______________________
SS# ______________________
Phone # ______________________
Email ______________________

PHYSICIAN INFORMATION

Referring Physician ______________________
Practice Address ______________________
____
Office Contact Name ______________________
Contact Phone # ____________ Fax # ____________
NPI / TIN ____________ ____________

MEDICATION ORDERS

Patient Weight:__________kg

☐ 300mg every 4 weeks

Indication / Diagnosis:

☐ M32.9 Other forms of systemic lupus erythematosus
☐ M32.9 Systemic lupus erythematosus, unspecified
☐ Other (please specify in additional information)

ICD-10 (Required) ______________________
Special Instructions ______________________
MD Signature ______________________ Date ____________

Additional Information:
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REQUIRED DOCUMENTATION

Please send the following documents and records. This will help streamline the pre-authorization process.

- Patient demographic information sheet
- Copy of insurance card(s) front and back
- Copy of most recent office and consult notes (must include discussion of prescribed drug)
- If this is a continuation of a treatment, include the last infusion note
- Current medication list

Most recent diagnostics results to include:

- Chest Xray
- CBC with differential
- TB test (within 12 months)
- Comprehensive metabolic panel
- COCCI
- Hepatitis B-Core Ab, B SAg, B SAb
- Hepatitis C-Ab

We will contact the patient and schedule their infusion appointment once we have the insurance pre-authorization completed.

AZIVinfusion.com | CALL CENTER: 602.386.4968 | FAX: 623.594.8533

FLAGSTAFF
399 S. Malpais Lane. Suite 108
Flagstaff, AZ 86001

GILBERT
3645 South Rome Street, Suite 201
Gilbert, AZ 85297

GILBERT
2451 E. Baseline Rd, #425
Gilbert, AZ 85234

GLENDALE
5681 W. Beverly Lane, Suite 100
Glendale, AZ 85306-9802

MESA
2152 S. Vineyard, Ste. 129
Mesa, AZ 85210

PARADISE VALLEY
4550 E. Bell Rd, Bldg. 8, Suite 170
Phoenix, AZ 85032

PHOENIX
9520 West Palm Lane, Ste. 220
Phoenix, AZ 85037-4442

PRESCOTT
1958 Commerce Center Circle
Prescott, AZ 86301

SAN TAN VALLEY
36359 N. Gantzel Rd, Suite103
San Tan Valley, AZ 85140

SUN CITY
10615 W Thunderbird Blvd #B100
Sun City, AZ 85351

TUCSON
2001 W. Orange Grove Road, Suite 104
Tucson, AZ 85704