NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Saphnelo (Anifrolumab) IV—J0491

Patient Name	Middle	Last	DOB

Diagnosis	Diagnosis Code

Height (cm)	Actual Weight (kg)	Allergies

Please list any premeds needed.

◯ Saphnelo (anifrolumab) 300 mg IV infused over 30 minutes every 4 weeks

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name			Provider Signature
Date	Phone	Fax	Pager

July 10, 2026