



# Imaavy Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

### DIAGNOSIS:

- Myasthenia Gravis w/out acute exacerbation ICD-10: G70.00
- Myasthenia Gravis w/acute exacerbation ICD-10: G70.01
- Other: \_\_\_\_\_ ICD-10: \_\_\_\_\_

### ORDER FOR IMAAVY (nipocalimab-aahu):

- Initial dose 30 mg/kg x1 infusion, followed by 15 mg/kg every 2 weeks
  - Maintenance Dose: 15 mg/kg every 2 weeks (starting 2 weeks after initial dose) 600 mg IV infused every 6 months X 1 year
  - Other Directions: \_\_\_\_\_
- \*\* all patients to be monitored for 30 minute post infusion \*\***

### PRE-MEDICATIONS FOR IMAAVY:

- Acetaminophen 650mg PO 30 minutes prior to infusion
- Diphenhydramine 25 mg IV/PO 30-60 minutes prior to infusion
- If necessary may give Dipenhydramine 50 mg IV/PO 30-60 minutes prior to infusion
- Solumedrol 125mg IV 30 mg prior to infusion
- Additional Pre-Medications: \_\_\_\_\_

### MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- Nevada Infusion Hypersensitivity Reaction Order Set
- Other: \_\_\_\_\_

ACCESS: Peripheral IV, Port, Midline, or PICC line

FLUSHING: 10 mls NS pre/post infusion OR Heparin 5ml for port – 100 units/ml

NURSING: Per Nevada Infusion

LABS ORDERS: \_\_\_\_\_ Fax results to: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478**

**\*\*Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. \*\***



Nevada Infusion

Reno Location - 5401 Longley Lane, Suite 34, Reno, NV 89511

Carson Location - 180 E. Winnie Lane, Carson City, NV, 89706

PH: 775-453-0667 | Fax: 775-470-8478

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

**Please Include Required Documentation for Expedited Order Processing & Insurance Approval:**

- Signed provider orders (page 1)
- Patient demographic and insurance information
- Patient's current medication list
- Supporting documentation to include past tried and/or failed therapies
- Supporting clinical notes and H&P (to support primary diagnosis) to include any past tried and/or failed therapies, intolerance, benefits, or contraindications to conventional therapy
- Include labs, imaging and/or test results to support diagnosis:

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