

# Imaavy (Nipocalimab-aahu)

Provider Order Form rev. 2/6/2026



**PROVIDERS: Please include the following information to expedite the order:**  
Patient Demographic, most recent Office Visit Note, Insurance Information, Recent Labs, TB/Hep B

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 code:  G70.00  G70.01  Other: \_\_\_\_\_  
Description: \_\_\_\_\_  
 NKDA Allergies: \_\_\_\_\_ Weight (lb/kg) \_\_\_\_\_  
Patient Status:  New to Therapy  New to Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## NURSING

- TB Status and date (list results and attach clinicals)  
\_\_\_\_\_  
 Hep B Status and date (list results and attach clinicals)  
\_\_\_\_\_  
 Utilize Hypersensitivity protocol established by Redeemer Health Infusion and PI  
 Provide nursing care and observation per Redeemer Health Infusion Policies and Procedures

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_  
 CMP  at each dose  every \_\_\_\_\_  
 CRP  at each dose  every \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Please check this box if you do NOT authorize Redeemer Health Infusion to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

## PRE-MEDICATION ORDERS

*Not typically indicated for this medication.*

- acetaminophen (Tylenol)  500 mg/  650 mg/  1000 mg PO  
 cetirizine (Zyrtec) 10 mg PO  
 loratadine (Claritin) 10 mg PO  
 diphenhydramine (Benadryl)  25 mg/  50 mg  PO/ IV  
 methylprednisolone (Solu-Medrol)  40 mg/  125 mg IV  
 hydrocortisone (Solu-Cortef) 100 mg IV  
 Other: \_\_\_\_\_

Please check this box if you DO NOT authorize Redeemer Health Infusion to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

## THERAPY ADMINISTRATION

- Nipocalimab-aahu (Imaavy) IV infusion
- **Dose:**  
**Induction/Reloading doses:**  30 mg/kg x1  
 Other: \_\_\_\_\_
  - **Maintenance Doses:**  15 mg/kg Q2 weeks  
 Other: \_\_\_\_\_
  - **Route:** Intravenous
  - Administer per Prescribing Information**
  - Flush with 0.9% sodium chloride after infusion complete
  - Refills:  Zero/  for 12 months/ Other: \_\_\_\_\_
  - (if not indicated order will expire one year from date signed)
- To ensure a brand name product is dispensed, the prescriber must  
handwrite "Brand Medically Necessary" on the prescription form. If not  
indicated, Redeemer Infusion is authorized to administer a generic or  
biosimilar.*

## SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date