CTNG Central Texas Neurology Consultants
Diseases of the Brain, Spine, Nerves and Muscles

Imaavy (nipocalimab-aahu) Infusion Order Set

Phone: (512) 218-1222
Please fax signed order, clinicals, and recent labs to:
Fax: (512) 218-1393

Patient Information

Patient Name:		Order Date:
DOB:	Ht:	Wt:
Allergies:		
Diagnosis:		ICD-10 Code:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy		Next Treatment Date:

Lab Orders

☐ CBC w/diff and Platelets ☐ CMP
☐ Immunoglobulin (IgG) level ☐ Pregnancy Test
☐ Draw labs during infusion
☐ Other: _____
Frequency: ☐ Baseline ☐ Every 3-6 months ☐ Other:

Other Orders & Notes

☐ IV to PO premedication conversion per nurse discretion after tolerance of loading doses

Pre-Medication Orders

☐ Methylprednisolone 125mg IVP over 5 min; Administer 30 min prior to infusion
Diphenhydramine PO 25 mg ☐ or 50 mg ☐ PO 30-60 min prior; may repeat x1 in 4 hours
Diphenhydramine IVP 25 mg ☐ or 50 mg ☐ IVP 30-60 min prior; may repeat x1 in 4 hours
Cetirizine ☐ 10 mg PO or ☐ 10 mg IVP 30 minutes prior
☐ Famotidine 20 mg PO 30 minutes prior
☐ Dexamethasone 20 mg PO 30 minutes prior
Acetaminophen ☐ 650 mg or ☐ 1000 mg PO 30 minutes prior; may repeat x1 in 4 hours

Treatment Order

☐ Imaavy (nipocalimab-aahu)	Injection (IV)	☐ Initial dose: 30 mg/kg IV over ≥30 minutes (one time), Total calculated initial dose: _____mg ☐ Maintenance dose: 15 mg/kg IV over ≥15 minutes every 2 weeks x 1 year Total calculated maintenance dose: _____ mg

Flush orders: NS 1-20mL pre/post infusion PRN and Heparin 10U/mL or 100U/mL per protocol as indicated PRN

Nursing

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on infusion services, medication administration, self-monitoring and safety

Imaavy Infusion Guidance:

- Administer via IV infusion only; dilute per PI.
- Initial dose: infuse over ≥30 minutes.
- Subsequent/maintenance doses: infuse over ≥15 minutes every 2 weeks.
- Monitor during infusion and for 30 minutes post-infusion for hypersensitivity or infusion-related reactions.

Adverse Event (AE) Protocol

Epinephrine (based on patient weight)
EpiPen® Auto-Injector 0.3mg (1:1000) Inject IM or SubQ to patients who weigh ≥ 30 kg (66 lbs); may repeat in 3-5 minutes x1 if necessary.
EpiPen Jr® Auto-Injector 0.15mg (1:2000) Inject IM or SubQ for patients who weigh 15 - 30 kg (33-66lbs); may repeat in 3-5 minutes x1 if necessary.
Diphenhydramine 50mg (1 mL) If not previously administered, give 50mg slow IVP, or administer IM if no IV access; May repeat x1 after 10 minutes, if necessary.
Solumedrol 125 mg IVP
Sodium Chloride 0.9% 500mL Infuse IV at a rate of 30mL/hr.
Zofran 4mg ODT or IVP for nausea
Pepcid 20mg IV for urticaria/rash
Acetaminophen 325-650 mg PO x1 PRN pain if not already administered OR ibuprofen 200-400mg PO prn pain

Provider Information

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Office Contact Name:	Email Address:
Prescriber Name:	Date:
Prescriber NPI:	Phone: Fax:
Prescriber Signature:	

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