sage infusion

IMAAVY *(nipocalimab-aahu)* Infusion Order

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ **DOB**: _____ **Gender:** ☐ M ☐ F

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____

Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list

☐ **NKDA** ☐ **Allergies:** _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____

Provider NPI: _____ **Phone:** _____ **Fax:** _____

Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION

Documentation:

☐ Recent clinical and/or office visit notes supporting primary diagnosis

☐ Anti-acetylcholine receptor **(AChR)** or anti-muscle-specific tyrosine kinase **(MuSK)** antibody positive

MEDICATION ORDERS

ICD-10 Diagnosis Codes:

☐ **G70.00** Myasthenia gravis without (acute) exacerbation

☐ **G70.01** Myasthenia gravis with (acute) exacerbation

☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): _____

Pre-medication:

☐ Acetaminophen1000mg PO ☐ Solu-Medrol 125mg IVP

☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP

☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg IVP

DOSING/FREQUENCY:

☐ **Initial dose:** 30mg/kg administered via intravenous infusion once over at least 30 minutes

☐ **Maintenance dose:** 15mg/kg administered via intravenous infusion once over at least 15 minutes 2 weeks following initial dose. Continue the maintenance dosage every 2 weeks thereafter. **Most recent weight:** _____

☐ **Refills:** _____ (*if not indicated prescription will expire one year from date signed)*

Sage Infusion Standing Orders:

☑ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name	Provider Signature	Date

Fax Number

☐ **Brandon: (656) 218-9643**
☐ **Clearwater: (727) 977-9717**
☐ **Fort Myers: (239) 533-5962**
☐ **Gainesville: (352) 450-8886**
☐ **Lakeland: (863) 777-2528**
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☐ **The Villages Spanish Springs: (352) 810-3536**
☐ **Venice: (941) 337-0779**