



imaavy™  
(nipocalimab-aahu)

# IMAAVY™ Billing & Coding Guide

## Indication

IMAAVY™ (nipocalimab-aahu) is a neonatal Fc receptor (FcRn) blocker indicated for the treatment of generalized myasthenia gravis (gMG) in adult and pediatric patients 12 years of age and older who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.

## Selected Important Safety Information

IMAAVY™ is contraindicated in patients with a history of serious hypersensitivity reaction to nipocalimab-aahu or to any of the excipients in IMAAVY™. Anaphylaxis and angioedema reactions may occur. IMAAVY™ may increase the risk of infection. Delay administration in patients with clinically active infection until the infection resolves. If such an infection develops, administer appropriate treatment and consider withholding IMAAVY™ until infection resolves. Monitor patients during and 30 minutes after IMAAVY™ administration for hypersensitivity and infusion-related reactions. Avoid use of live vaccines in patients treated with IMAAVY™. Please see related and other Important Safety Information on page 12.

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For billing and coding or reimbursement questions, or to request support from a field reimbursement manager (FRM), call **844-494-8463**, Monday–Friday, 8 AM to 8 PM ET.

Johnson & Johnson is committed to providing you with information to help guide you through the reimbursement process for IMAAVY™ (nipocalimab-aahu).

#### Disclaimer

Please note this information is provided for your background education and is not intended to serve as guidance for specific coding, billing, and claims submissions. Decisions on which codes best describe the services provided must be made by individual providers based on their clinical judgment, payer-specific guidance, and other requirements.

Please see full **Important Safety Information for IMAAVY™** on [page 12](#).  
Please read accompanying full [Prescribing Information](#).

# Dosing and Formulations<sup>1</sup>



IMAAVY™ dosing for adult and pediatric patients 12 years and older with gMG:

## Initial Dose

**30 mg/kg** administered intravenously over  
**at least 30 minutes**

## Maintenance Doses every 2 weeks thereafter

**15 mg/kg** administered intravenously over  
**at least 15 minutes**

If an adverse reaction occurs during administration, the infusion may be slowed or stopped at the discretion of the healthcare professional.

Monitor the patient for 30 minutes after each infusion for signs or symptoms of an infusion-related or hypersensitivity reaction.

**Missed Dose:** If a scheduled infusion appointment is missed, the maintenance dose of IMAAVY™ should be administered as soon as possible. Resume dosing every 2 weeks thereafter.

- Prior to administration, IMAAVY™ single-dose vials require dilution in 0.9% sodium chloride injection, USP, to a final volume of 250 mL.
- Each vial of IMAAVY™ is at a concentration of 185 mg/mL.
- Do not infuse IMAAVY™ concomitantly in the same intravenous line with other agents.

**Please refer to the Dosage and Administration section of the full Prescribing Information for complete instructions on how to prepare and administer IMAAVY™.**



gMG, generalized myasthenia gravis.

**Please see full Important Safety Information for IMAAVY™ on [page 12](#).  
Please read accompanying full [Prescribing Information](#).**

# Product Information

## National Drug Code (NDC)<sup>1</sup>

Payer requirements for NDC use and format can vary widely. Refer to sample claims forms beginning on [page 6](#) for additional information.<sup>2</sup>

FDA-Specified NDC		
10-digit NDC (5-3-2 format)	11-digit NDC (5-4-2 format)	Description
57894-800-01	57894-0800-01	One single-dose vial containing 300 mg/1.62 mL (185 mg/mL) for intravenous injection
57894-801-01	57894-0801-01	One single-dose vial containing 1,200 mg/6.5 mL (185 mg/mL) for intravenous injection

## Coding for IMAAVY™

The following codes may be relevant for seeking reimbursement for IMAAVY™. For the most accurate coding and billing requirements, please confirm with your payer.

### ICD-10-CM Diagnosis Codes<sup>3</sup>

ICD-10-CM Codes for Consideration	
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation

These codes are not intended to promote, encourage, or suggest use of a drug that is inconsistent with FDA-approved use. This list is not exhaustive, additional codes may apply, and listed codes may require a higher level of specificity when reporting for individual patients. Please consult your ICD-10-CM codebook for more information.

### HCPCS Code<sup>4</sup>

IMAAVY™ permanent J-code is effective January 1, 2026. Please refer to the coding information below to support appropriate claims processing for IMAAVY™. Always check specific payer requirements when submitting claims for IMAAVY™.

**J9256** | Injection, nipocalimab-aahu, 3 mg<sup>4</sup>

Please refer to sample claim forms beginning on [page 6](#) for additional information.

FDA, Food and Drug Administration; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Disease, Tenth Revision, Clinical Modification.

Please see full Important Safety Information for IMAAVY™ on [page 12](#).  
Please read accompanying full [Prescribing Information](#).

# Coding for IMAAVY™ (cont.)

## Current Procedural Terminology (CPT®) Codes for Drug Administration<sup>5</sup>

Payer policies for codes that describe drug administration services may vary; contact your payer for their code requirements.

CPT® Code	Descriptor
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

NOTE: An infusion of 15 minutes or less is an intravenous push.

## Place of Service Codes<sup>2</sup>

Code	Place of Service
11	Office
19	Off campus - outpatient hospital
22	On campus - outpatient hospital

## Revenue Codes<sup>6</sup>

Code	Descriptor
0260	IV (intravenous) therapy, general
0510	Clinic, general
0636	Pharmacy, drugs requiring detailed coding

NOTE: Many payers require revenue codes for hospital outpatient department claims.

## HCPCS Modifiers<sup>7,8</sup>

Modifier	Descriptor
JW	Drug amount discarded/not administered to any patient
JZ	No discarded drug amounts
TB	Drug or biological acquired with 340B pricing program discount, reported for informational purposes

HCPCS, Healthcare Common Procedure Coding System.

Please see full Important Safety Information for IMAAVY™ on [page 12](#).  
Please read accompanying full [Prescribing Information](#).

# Sample Claims Forms for IMAAVY™

## Sample CMS-1500 Form

### Initial Dose: IMAAVY™ 1,410-mg IV

Use to submit claims for IMAAVY™ administered in your office

1	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <b>0</b>										22. RESUBMISSION CODE		ORIGINAL REF. NO.	
	A. <b>G70.01</b>	B.	C.	D.	E.	F.	G.	H.	I.	J.	23. PRIOR AUTHORIZATION NUMBER			
	I.	J. <b>3</b>	K. <b>4</b>	L. <b>5</b>	<b>6</b>		<b>7</b>							
2	24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. E/PSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	OR SUPPLIER INFORMATION
	MM DD YY	MM DD YY	11		J9256	JZ	A		400		NPI			
	MM DD YY	MM DD YY	11		J9256		A		70		NPI			
	MM DD YY	MM DD YY	11		J9256	JW	A		30		NPI			
	MM DD YY	MM DD YY	11		96365		A		1		NPI			

Check with the individual payer, as specific claim requirements may vary.

For detailed guidance on completing CMS-1500 items, refer to Medicare Claims Processing Manual, Pub. 100-04, Chapter 26, available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf><sup>2</sup>

These documents are presented for informational purposes only and are not intended to provide reimbursement or legal advice, nor do they promise or guarantee coverage, levels of reimbursement, payment, or charge.

CMS, Centers for Medicare & Medicaid Services; IV, intravenous.

Please see full Important Safety Information for IMAAVY™ on [page 12](#). Please read accompanying full [Prescribing Information](#).

# Sample Claims Forms for IMAAVY™ (cont.)

## Sample CMS-1500 Form (cont.)

### 1 ITEM 21

Indicate diagnosis using appropriate ICD-10-CM codes. Use diagnosis codes to the highest level of specificity for the date of service and enter the diagnoses in priority order.

### 2 ITEM 24A

If line item NDC information is required, it will be entered in the shaded portion of Item 24A.<sup>2</sup> Payer requirements for NDC entries may vary.

### 3 ITEM 24B

Identify the location where the service was rendered.

### 4 ITEM 24D

Indicate appropriate CPT® and HCPCS codes and modifiers as required by payer.

#### IMAAVY™

- **J9256:** Injection, nipocalimab-aahu, 3 mg

#### Modifiers

- Required for Medicare Part B claims
- Ensure modifier(s) JZ, JW, or both are included for J9256 claims.
  - Use the JZ modifier on line item entries when the entire vial is administered (no discarded drug).
  - For vials with waste, use the JW modifier on line item entries for discarded units. Do not add a modifier to the line item for administered units.
- Check payer requirements when submitting non-Medicare claims.

#### Infusion Services

- **CPT® 96365:** Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour; or
- **CPT® 96413:** Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

Note: An infusion of 15 minutes or less is an intravenous push.

### 5 ITEM 24E

Refer to the diagnosis for this service (see Item 21). Enter only one diagnosis pointer per line.

### 6 ITEM 24F

Indicate total charges.

### 7 ITEM 24G

- **J9256:** Enter the number of HCPCS units: 3 mg = 1 unit (300 mg = 100 units).\*
- **CPT® 96365 or 96413:** Enter 1 unit for the first hour of infusion.

\*If more than 999 units are required, an additional line on the claim may be necessary.

CMS, Centers for Medicare & Medicaid Services; CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

Please see full Important Safety Information for IMAAVY™ on [page 12](#).

Please read accompanying full [Prescribing Information](#).



# Sample Claims Forms for IMAAVY™ (cont.)

## Sample CMS-1450 Form (cont.)

### 1 BOX 42

List revenue codes in ascending order.

### 2 BOX 43

Enter narrative description for corresponding revenue code (eg, IV therapy, drug). Alternatively, if line item NDC information is required, please enter it in the unshaded portions of Locator Box 43.<sup>9</sup> Payer requirements for NDC entries may vary.

### 3 BOX 44

Indicate appropriate CPT®, HCPCS codes, and modifiers as required by the payer.

#### IMAAVY™

- **J9256:** Injection, nipocalimab-aahu, 3 mg

#### Modifiers

- Required for Medicare Part B claims
- Ensure modifier(s) JZ, JW, or both are included for J9256 claims.
  - Use the JZ modifier on line item entries when the entire vial is administered (no discarded drug).
  - For vials with waste, use the JW modifier on line item entries for discarded units. Do not add a modifier to the line item for administered units.
- For drugs acquired with 340B pricing program discount, the TB modifier is required.
- Check payer requirements when submitting non-Medicare claims.

#### Infusion Services

- **CPT® 96365:** Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour; or
- **CPT® 96413:** Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

Note: An infusion of 15 minutes or less is an intravenous push.

### 4 BOX 46

Enter the number of units:

- **CPT® 96365 or 96413:** Enter 1 unit for the first hour of infusion.
- **J9256:** Enter the number of HCPCS units: 3 mg = 1 unit (300 mg = 100 units).\*

### 5 BOX 47

Indicate total charges.

### 6 BOX 67

Indicate diagnosis using appropriate ICD-10-CM codes. Use diagnosis codes to the highest level of specificity for the date of service, and enter the diagnoses in priority order.

\*If more than 999 units are required, an additional line on the claim may be necessary.

CMS, Centers for Medicare & Medicaid Services; CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; IV, intravenous; NDC, National Drug Code.

Please see full Important Safety Information for IMAAVY™ on [page 12](#).

Please read accompanying full [Prescribing Information](#).

# Claim Filing Checklist

Once your patient receives IMAAVY™, you'll need to submit a claim for reimbursement to their health insurance provider. It is important to be familiar with the payer's specific billing and coding requirements and ensure that your claim is complete and accurate. Use appropriate codes to report the patient's condition, the drugs the patient received, and the services you have provided.

## The following code types are generally required when filing claims for IMAAVY™:

- ICD-10-CM code/patient diagnosis
- Drugs administered
  - NDC (11-digit format may be required in addition to the HCPCS code)
  - HCPCS code, confirm billing units (reminder 3 mg = 1 unit or 300 mg = 100 units)
- Services provided
  - Drug administration: CPT® codes
  - Other: CPT® codes
- HCPCS/CPT® modifiers as required by payer
  - JZ (no discarded drug); JW (amount of drug discarded)
  - TB (drug acquired with 340B pricing discount program)

## Prior to claim submission:

- Review the claim for completeness and coding alignment with payer requirements.
- Include any additional documentation the payer requires (eg, prior authorization number, drug invoice).
- File the claim as soon as possible and within the payer's filing time limits.
- Establish a tracking and reconciliation process to follow claims through payment.

For billing and coding or reimbursement questions, or to request support from a field reimbursement manager (FRM), call **844-494-8463**, Monday-Friday, 8 AM to 8 PM ET.

Under certain circumstances, qualified patients may acquire donated or no-cost drugs, or drugs may be covered under a medical benefit and delivered to the administering provider. When a third party supplies the drug at no cost to the provider, the drug should NOT be billed to Medicare or any other payer. However, the administration of the drug, regardless of the source, is a service that represents an expense to the physician. Therefore, administration of the drug is payable if the drug would have been covered had the physician purchased it.

When reporting drug administration services with no drug charge, it is common to require the drug HCPCS code on the same claim. To accommodate claim-processing edits, it may also be necessary to include a charge of \$0.01.<sup>10</sup> Payer policies may vary.

CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

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# Patient Access and Support

imaavy withMe

ONCE A DECISION HAS BEEN MADE TO PRESCRIBE IMAAVY™

## IMAAVY withMe provides support every step of the way.

IMAAVY withMe offers a wide breadth of support for your eligible patients, including free access to resources, guidance, and personalized support throughout their treatment journey.

### Support for Healthcare Providers



#### Access & Affordability Support

Your Case Manager team can help verify insurance coverage, assess patient eligibility for cost support options and offer the IMAAVY withMe Access Program to eligible commercial patients when coverage is delayed more than 5 business days or denied.



#### Office Educational Support

Get customized patient fulfillment support from a dedicated team that includes a Case Manager and a Field Reimbursement Manager.

### Support for Patients



#### Dedicated Nurse Navigator\*

A dedicated Nurse Navigator is a registered nurse who is available to support your patients with disease education and disease management resources.



#### Infusion Services

IMAAVY withMe Infusion Services utilizes a contracted network of Infusion Service Providers (ISPs)<sup>†</sup> to coordinate continuity of care and support the overall patient experience by leveraging existing infrastructure and clinical expertise.

\*Nurse Navigators do not provide medical advice. Patient Authorization is required for enrollment in Nurse Navigator support.

<sup>†</sup>The contracted ISPs are not the only ISPs available, and Johnson & Johnson does not endorse the use of any infusion service providers in particular.

The information provided represents no statement, promise, or guarantee of Johnson & Johnson concerning levels of reimbursement, payment, or charge. Please consult specific payer organizations with regard to local or actual coverage, reimbursement policies, and determination processes.

For patients using commercial or private insurance

#### IMAAVY withMe Savings Program



Your eligible patients pay as little as \$0 per infusion

Program consists of **Medicine Cost Support** for the cost of IMAAVY™ medicine and **Treatment Administration Cost Support** for certain IMAAVY™ infusion administration and related monitoring costs. Maximum program benefit per calendar year shall apply. Offer subject to change or end without notice.

See program requirements at [IMAAVYwithMeSavings.com](https://www.imaavy.com/withMeSavings.com).

The patient support and resources provided by IMAAVY withMe are not intended to give medical advice, replace a treatment plan from the patient's healthcare provider, offer services that would normally be performed by the provider's office, or serve as a reason to prescribe IMAAVY™.

For assistance with patient support or billing and coding questions, please contact IMAAVY withMe at **844-4withMe (844-494-8463)** or visit [JNJwithMe.com/hcp/IMAAY](https://www.jnjwithme.com/hcp/IMAAY)

**References:** 1. IMAAVY™ [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. 2. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26: Completing and Processing the Form CMS-1500 Data Set. Revised August 9, 2024. Accessed September 12, 2025. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf> 3. Centers for Medicare & Medicaid Services. 2026 ICD-10-CM. August 7, 2025. Accessed September 9, 2025. <https://www.cms.gov/medicare/coding-billing/icd-10-codes#CodeFiles> 4. Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Determinations. Third Quarter, 2025 HCPCS Coding Cycle. Published October 21, 2025. Accessed November 5, 2025. <https://www.cms.gov/files/document/2025-hcpcs-application-summary-quarter-3-2025-drugs-biologicals.pdf> 5. American Medical Association. Current Procedural Terminology: CPT® 2025: Professional Edition. Chicago, IL: American Medical Association; 2024. 6. Noridian Healthcare Solutions. Revenue Codes. Last updated June 17, 2025. Accessed September 12, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes> 7. Centers for Medicare & Medicaid Services. Medicare Program Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions. Accessed September 9, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 8. Centers for Medicare & Medicaid Services. Medicare Part B Inflation Rebate Guidance: Use of the 340B Modifier. November 2024. Accessed November 13, 2025. <https://www.cms.gov/files/document/min4800856-medicare-part-b-inflation-rebate-guidance-use-340b-modifier.pdf> 9. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 25: Completing and Processing the Form CMS-1450 Data Set. Revised December 20, 2023. Accessed September 9, 2025. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c25.pdf> 10. Centers for Medicare & Medicaid Services. Billing and Coding: Patients Supplied Donated or Free-of-Charge Drug. Revised November 22, 2023. Accessed September 9, 2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55045>

CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

Please read the full [Prescribing Information](#) and [Medication Guide](#) for IMAAVY™. Provide the Medication Guide to your patients and encourage discussion.

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 **imaavy**<sup>™</sup>  
(nipocalimab-aahu)

# Important Safety Information

## INDICATION

IMAAVY™ (nipocalimab-aahu) is a neonatal Fc receptor (FcRn) blocker indicated for the treatment of generalized myasthenia gravis (gMG) in adult and pediatric patients 12 years of age and older who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

IMAAVY™ is contraindicated in patients with a history of serious hypersensitivity reaction to nipocalimab-aahu or to any of the excipients in IMAAVY™. Reactions have included anaphylaxis and angioedema.

### WARNINGS AND PRECAUTIONS

#### Infections

IMAAVY™ may increase the risk of infection, including serious and severe infections. The most common infections observed in Study 1 and its extension study in patients treated with IMAAVY™ for gMG were upper respiratory tract infection (46%), respiratory tract infections (28%; including pneumonia, bronchitis, COVID-19), urinary tract infection (15%), herpes (8%; including herpes simplex, herpes zoster, herpes zoster ophthalmicus), influenza (8%), oral infection (8%; including candidiasis and dental infections), and skin infection (7%; including cellulitis). Two cases of infections (1%; including cellulitis and urinary tract infection) led to discontinuation of IMAAVY™. Delay IMAAVY™ administration in patients with an active infection until the infection is resolved. During treatment with IMAAVY™, monitor for clinical signs and symptoms of infection. If serious infection occurs, administer appropriate treatment and consider withholding IMAAVY™ until the infection has resolved.

Patients treated with IMAAVY™ may be at an increased risk of activation of latent viral infections. Follow standard vaccination guidelines.

**Immunization:** Evaluate the need to administer age-appropriate vaccinations before initiation of treatment with IMAAVY™. The safety of immunization with live vaccines and the immune response to vaccination during treatment with IMAAVY™ are unknown. Live vaccines are not recommended during treatment with IMAAVY™.

#### Hypersensitivity Reactions

Administration of IMAAVY™ may result in hypersensitivity reactions, including angioedema, anaphylaxis, rash, urticaria, and eczema. Management of hypersensitivity reactions depends on the type and severity of the reaction. Monitor the patient during treatment and for 30 minutes after administration. If a hypersensitivity reaction occurs during administration, discontinue IMAAVY™ infusion and institute appropriate supportive measures if needed.

#### Infusion-Related Reactions

Administration of IMAAVY™ may result in infusion-related reactions, including headache, influenza-like illness, rash, nausea, fatigue, dizziness, chills, and erythema. Monitor the patient during treatment and for 30 minutes after each infusion. If a severe infusion-related reaction occurs, discontinue IMAAVY™ infusion and initiate appropriate therapy. Consider the risks and benefits of readministering IMAAVY™ following a severe infusion-related reaction. If a mild to moderate infusion-related reaction occurs, patients may be rechallenged with close clinical observation, slower infusion rates, and pre-medication.

#### ADVERSE REACTIONS

Most common ( $\geq 10\%$  of patients) adverse reactions associated with IMAAVY™ include: respiratory tract infection, peripheral edema, and muscle spasms.

Adverse reactions in  $\geq 5\%$  of patients taking IMAAVY™ include: urinary tract infection, herpes zoster and simplex infection, oral infection, hypersensitivity reaction, abdominal pain, back pain, pyrexia, diarrhea, cough, anemia, dizziness, nausea, hypertension, and insomnia.

#### Laboratory Findings

**Lipid Increases:** In a clinical study, patients treated with IMAAVY™ had elevations from normal to high of fasting total and LDL cholesterol and decreases from normal to low of fasting HDL cholesterol.

#### Pediatric Patients 12 Years of Age and Older

Adverse reactions in pediatric patients were consistent with those observed in adult patients with gMG.

#### USE IN SPECIFIC POPULATIONS

**Pregnancy:** There are limited data on the use of IMAAVY™ in pregnant women with gMG. IMAAVY™ reduces maternal serum IgG concentration and impedes placental IgG transfer to the fetus. Risks and benefits should be considered prior to administering live vaccines to infants exposed to IMAAVY™ *in utero*.

**Lactation:** Nipocalimab-aahu is excreted in human colostrum and breastmilk. There are insufficient data on the effect of IMAAVY™ in the breastfed infant. There are no data on the effect of nipocalimab-aahu on milk production.

**Pediatric Use:** The safety and effectiveness of IMAAVY™ for the treatment of gMG in pediatric patients below the age of 12 years have not been established.

**Please see the full [Prescribing Information](#) and [Medication Guide](#) for IMAAVY™.**

**Provide the Medication Guide to your patients and encourage discussion.**

**Dosage Form and Strengths:** IMAAVY™ is supplied as a 300 mg/1.62 mL (185 mg/mL) and a 1,200 mg/6.5 mL (185 mg/mL) single-dose vial per carton for intravenous use after dilution.

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