

**PATIENT INFORMATION / REFERRAL STATUS**

Referral Status:  New Referral  Updated Order  Order Renewal    Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ICD-10 Code: \_\_\_\_\_ ICD-10 Description/Diagnosis: \_\_\_\_\_  
 Allergies:  NKDA    Allergies: \_\_\_\_\_    Weight: \_\_\_\_\_  lbs/ kg    Height: \_\_\_\_\_  
 Patient Status:  New to Therapy  Continuing Therapy    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**PROVIDER / PRACTICE INFORMATION**

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

**REFERRING PROVIDER COMMUNICATIONS**

- I have reviewed the prescribing information and medication guide for Evkeeza (evinacumab-dgnb).
  - Consider for use as add-on therapy to diet and exercise, in patients with homozygous familial hypercholesterolemia (HoFH) who have an inadequate response to other low-density lipoprotein cholesterol (LDL-C) lowering therapies.
- Evinacumab may cause fetal harm when administered to pregnant patients. Consider obtaining a pregnancy test prior to initiating treatment. Advise patients who may become pregnant to use effective contraception during treatment and for at least 5 months following the last dosage.

**NURSING PROTOCOL COMMUNICATIONS**

- Provide nursing care, vital signs, monitoring according to Memorial Outpatient Procedures. Establish/maintain IV access and administer medication as ordered. Remove peripheral IV access after infusion completion if applicable. Follow infusion-related/hypersensitivity reactions management according to MHS Outpatient Adverse Reaction Protocol available for review on at [mhs.net/services/pharmacy/infusion-services/outpatient-infusion](https://mhs.net/services/pharmacy/infusion-services/outpatient-infusion).
- Discharge/Follow-up instructions according to Memorial Outpatient Procedures.

**LABORATORY ORDERS**

- Pregnancy, Urine for females of childbearing potential who have not undergone a hysterectomy:**  Once  Every Visit
- Lipid Panel:** \_\_\_\_\_ weeks after initial treatment

**PRE-MEDICATION ORDERS (30-60 Minutes Prior to Therapy)**

- Acetaminophen (Tylenol) 650 mg PO
- Diphenhydramine (Benadryl)  25 mg  50 mg  PO  IV **OR**
  - Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO
- Methylprednisolone (Solu-Medrol)  40 mg  125 mg IV **OR**
  - Dexamethasone (Decadron)  8 mg  20 mg PO
- Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency/Timing: \_\_\_\_\_

**THERAPY PLAN**

**Medication Name:** Evinacumab-dgnb (Evkeeza)

**Dose:** 15 mg/kg in 250 mL 0.9% NaCl

**Frequency:** Day 1 then every 4 weeks thereafter until discontinued

- **Number of Doses:** \_\_\_\_\_

**Route:**  IV  SQ  IM

**Infuse over:**  30 minutes  1 Hour  2 Hours  Other: \_\_\_\_\_

**\*\*Diluent/Volume/Concentration/Special tubing/Filters will be in accordance with the product package insert.\*\***

- Flush with 0.9% sodium chloride at completion per protocol or medication-specific instructions

**Additional Administration Instructions:**

Rule out pregnancy prior to therapy initiation. Do not shake. Administer via a 0.2 micron in-line filter. Do not administer other medications concomitantly via the same infusion line. Monitor for signs/symptoms of hypersensitivity reactions.

**Note to Pharmacy/Comments:**

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**Refills:**  Zero  for 12 months  Other: \_\_\_\_\_

*(if not indicated, order will expire one year from date signed)*

\_\_\_\_\_  
*Provider Name (Print)*

\_\_\_\_\_  
*Provider Signature*

\_\_\_\_\_  
*Date*

Observe patient for infusion related and hypersensitivity reactions such as fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

### If reaction occurs:

- Stop infusion and assess patient.
- Maintain or establish vascular access if needed
- **Administer emergency medication(s) according to symptoms:**
  - ☒ Acetaminophen 650 mg PO once PRN headache, pain, fever >100.4F, chills or rigors.
  
  - ☒ Diphenhydramine 50 mg IV once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction **OR**
  - ☒ Diphenhydramine 50 mg IM once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction (if no IV access)
  
  - ☒ Dexamethasone 10 mg IV once PRN shortness of breath or wheezing **OR**
  - ☒ Dexamethasone 10 mg IM once PRN shortness of breath or wheezing (if no IV access)
  
  - ☒ Ondansetron 4 mg IV once PRN nausea, vomiting **OR**
  - ☒ Ondansetron 4 mg IM once PRN nausea, vomiting (if no IV access)
- May re-start therapy if appropriate when symptoms resolve. Resume infusion at 50% of the previous rate and increase per manufacturer's guidelines.

### If a severe allergic/anaphylactic reaction occurs

- Symptoms are rapidly progressing or continuing after administration of PRN medications and/or signs and symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension)
  - ☒ Notify the Rapid Response / Rescue Alert Team / Blue Alert / 911.
  - ☒ Initiate BLS/ Cardiopulmonary resuscitation if necessary.
  - ☒ Administer Epinephrine 0.3 mg intramuscularly, every 5 MIN PRN rapidly progressing or continuing after administration of PRN medication or signs and symptoms of severe allergic/anaphylactic reaction. Administer every 5-15 minutes as needed preferably in the outer thigh.
  - ☒ Place the patient in a recumbent position, elevate lower extremities.
  - ☒ Continuously monitor vital signs (blood pressure, pulse oximetry, and heart rate).
  - ☒ Contact and notify the referring provider on the day of occurrence once patient is stabilized.
  - ☒ Document reaction in the medical record and complete an incident report once patient is stabilized.