

McLeod Health

Evinacumab-dgnb (EVKEEZA) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one):

E78.010 Homozygous familial hypercholesterolemia (HoFH)

Other: ICD 10 Code: _____ Diagnosis Description: _____

Pre-Medications: **administered 30 minutes prior to infusion**

Acetaminophen: Dose: 325 mg 500 mg 650 mg 1000 mg

Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP

Methylprednisolone: Dose: 40 mg or 125 mg Route: IVP

Famotidine: Dose: 20 mg Route: PO or IVPB

Fexofenadine: Dose: 60 mg or 180 mg

Cetirizine 10 mg or Loratadine 10 mg

Other (include drug, dose, and route): _____

Drug Orders:

• Evinacumab-dgnb (EVKEEZA) (J1305) 15 mg/kg in 250 mL NS via IV infusion over 60 minutes

• Frequency: Every 4 weeks

Other: _____

Standing Orders:

• Monitor patient for 30-60 minutes following completion of treatment.

• Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

• Appropriate access and line care orders per health system policy.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Confirmed negative pregnancy test in females

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with supporting primary diagnosis including labs/tests.
- Full medication list including tried and failed therapies.
- If patient has previously received evinacumab at another facility, please provide last date received: _____
- If patient has previously received another therapy, please provide the name: _____ and the last date received: _____ and the required washout from previous therapy: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
- McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.