Evinacumab-dgnb (EVKEEZA) Infusion

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ **Patient to follow up with provider on date:** _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note**.
2. Severe hypersensitivity reactions, including anaphylaxis have occurred.
3. Pregnancy status should be evaluated for patients of childbearing potential prior to use. Patients who may become pregnant should use effective contraception during therapy and for at least 5 months after the last dose.

LABS:

☐ LIPID LB – LIPID PROFILE – PLASMA LIPIDS, HDL AND LDL, Routine, Normal, Clinic Collect, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One

NURSING ORDERS:

1. HYPERSENSITIVITY/INFUSION REACTION - Monitor patient for signs/symptoms of hypersensitivity during the infusion.
2. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

MEDICATIONS:

Evinacumab-dgnb (EVKEEZA) in sodium chloride 0.9 %, 15 mg/kg, intravenous, administer over 60 minutes

Interval:

☐ ONCE, every 4 weeks

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

By signing below, I represent the following:
I am responsible for the care of the patient (*who is identified at the top of this form*);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax**: _____

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

OHSU Infusion Locations

Contact the Referral Team directly for assistance at the centralized numbers below (do not contact individual clinics)

INFUSION REFERRAL TEAM

Fax completed orders to (503) 346-8058
Phone (providers only)
(971) 262-9645

Infusion orders located at:
www.ohsuknight.com/infusionorders

☑ **Please indicate the patient's preferred clinic location below**

☐ **BEAVERTON** OHSU Knight Cancer Institute	15700 SW Greystone Court Beaverton OR 97006
☐ **NW PORTLAND** Legacy Good Samaritan campus	Medical Office Building 3 – Suite 150 1130 NW 22nd Ave, Portland OR 97210
☐ **GRESHAM** Legacy Mount Hood campus	Medical Office Building 3 – Suite 140 24988 SE Stark, Gresham OR 97030
☐ **TUALATIN** Legacy Meridian Park campus	Medical Office Building 2 – Suite 140 19260 SW 65th Ave, Tualatin OR 97062
☐ **Community providers only (no Legacy)** **EAST PORTLAND** Adventist Health Portland campus	Pavilion – 10000 SE Main St – Suite 350 Portland, Oregon 97216

Referral team will consider other locations as appropriate (e.g. selected site not available, urgent treatment, patient preference)

OHSU Partner Infusion Locations

☑ **Please indicate the patient's preferred clinic location below**
Not all therapies are offered at every site, contact site for more information

☐ **Community providers only (no Legacy)** **HILLSBORO MEDICAL CENTER** **Fax completed orders to (503) 681-4120**	364 SE 8th Ave – Medical Plaza Suite 108B Hillsboro, OR 97123 Phone (providers only) (503) 681-4124
☐ **Community providers only (no Legacy)** **ADVENTIST HEALTH – PORTLAND** **Fax completed orders to (503) 261-6756**	Infusion Services – 10123 SE Market St Portland, OR 97216 Phone (providers only) (503) 261-6631