Treatment Referral Form

Nplate® romiplostim injection

☐ Dear Doctor/Medical Office:
I am referring my patient to you for administration of Nplate® for injection.

Referring Physician Information

Physician Name: _____ NPI #: _____
Specialty: _____
Site Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____
Office Contact: _____

Treatment Site Information

Physician Name: _____
Specialty: _____
Site Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____
Office Contact: _____

Patient Information

Fill out entirely OR ☐ **attach Face/Demographic Information Sheet**

Patient Name: _____ Date of Birth: _____ Social Security Number: _____ M ☐ F ☐
Address: _____ City: _____ State: _____ ZIP Code: _____
Work Phone: _____ Cell Phone: _____ Email: _____

Insurance Information

Fill out entirely OR ☐ **fax a copy of insurance card front AND back**

Primary Insurance: _____ Secondary Insurance: _____
Insured: _____ Insured: _____
Phone: _____ Phone: _____
Policy #: _____ Policy #: _____

Patient Medical Information

☐ Primary Diagnosis Code: _____ ☐ Additional secondary ICD-10 Code, if applicable: _____
Type(s) of Labs Completed (if any): _____ Date: _____
Nplate® is medically necessary for (Patient's Name): _____ as documented by: _____

Prior Immune Thrombocytopenia (ITP) Therapy (if any): _____
Reason for discontinuing previous immune thrombocytopenia therapy(ies): _____
Contraindications (if any): _____
Patient is currently taking the following supplemental agents: _____

Product Information

Product Name/Strength: _____
Prescribed Weekly Dose (µg/kg): _____
Directions: _____

Prescriber Signature: X _____ Date: _____

ACTION: FAX BACK INJECTION CONFIRMATION FROM TREATING SITE.
Please update the referring physician by faxing back this form.

Nplate® Treatment Status at Our Facility:

Was the patient injected with Nplate®? If yes, provide the date. ☐ Yes ☐ No **Date:** _____
To date, patient has received ____ doses of Nplate®.
Has the patient's appointment been scheduled for their next Nplate® dose? If yes, provide the date. ☐ Yes ☐ No **Date:** _____

Administering Healthcare Professional's Comments: _____

Please contact Amgen Assist 360™ or www.amgenassistonline.com for insurance verification or any questions regarding coding/billing, claims submission, and other payer requirements.

Please see Indications and Important Safety Information on page 2.

Indications and Important Safety Information

INDICATIONS FOR NPLATE®

Nplate® is a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in adult patients with immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Nplate® is indicated for the treatment of thrombocytopenia in pediatric patients 1 year of age and older with ITP for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.

Nplate® is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than ITP. Nplate® should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increase the risk for bleeding. Nplate® should not be used in an attempt to normalize platelet counts.

IMPORTANT SAFETY INFORMATION FOR NPLATE®

Risk of Progression of Myelodysplastic Syndromes to Acute Myelogenous Leukemia

- In Nplate® (romiplostim) clinical trials of patients with myelodysplastic syndromes (MDS) and severe thrombocytopenia, progression from MDS to acute myelogenous leukemia (AML) has been observed.
- Nplate® is not indicated for the treatment of thrombocytopenia due to MDS or any cause of thrombocytopenia other than ITP.

Thrombotic/Thromboembolic Complications

- Thrombotic/thromboembolic complications may result from increases in platelet counts with Nplate® use. Portal vein thrombosis has been reported in patients with chronic liver disease receiving Nplate®.
- To minimize the risk for thrombotic/thromboembolic complications, do not use Nplate® in an attempt to normalize platelet counts. Follow the dose adjustment guidelines to achieve and maintain a platelet count of ≥ 50 x 10^9/L.

Loss of Response to Nplate®

- Hyporesponsiveness or failure to maintain a platelet response with Nplate® should prompt a search for causative factors, including neutralizing antibodies to Nplate®.
- To detect antibody formation, submit blood samples to Amgen (1-800-772-6436). Amgen will assay these samples for antibodies to Nplate® and thrombopoietin (TPO).
- Discontinue Nplate® if the platelet count does not increase to a level sufficient to avoid clinically important bleeding after 4 weeks at the highest weekly dose of 10 mcg/kg.

Adverse Reactions

Adult ITP

- In the placebo-controlled trials of adult ITP patients, headache was the most commonly reported adverse drug reaction, occurring in 35% of patients receiving Nplate® and 32% of patients receiving placebo. Adverse drug reactions in adults with a ≥ 5% higher patient incidence in Nplate® versus placebo were Arthralgia (26%, 20%), Dizziness (17%, 0%), Insomnia (16%, 7%), Myalgia (14%, 2%), Pain in Extremity (13%, 5%), Abdominal Pain (11%, 0%), Shoulder Pain (8%, 0%), Dyspepsia (7%, 0%), and Paresthesia (6%, 0%).
- The safety profile of Nplate® was similar across patients, regardless of ITP duration. The following adverse reactions (at least 5% incidence and at least 5% more frequent with Nplate® compared with placebo or standard of care) occurred in Nplate® patients with ITP duration up to 12 months: bronchitis, sinusitis, vomiting, arthralgia, myalgia, headache, dizziness, diarrhea, upper respiratory tract infection, cough, nausea and oropharyngeal pain. The adverse reaction of thrombocytosis occurred with an incidence of 2% in adults with ITP duration up to 12 months.

Pediatric ITP

- The most common adverse reactions experienced by ≥ 5% of patients receiving Nplate® with ≥ 5% higher incidence in the Nplate® arm across the two placebo-controlled trials were contusion (41%), upper respiratory tract infection (31%), oropharyngeal pain (25%), pyrexia (24%), diarrhea (20%), rash (15%), and upper abdominal pain (14%).
- In pediatric patients of age ≥ 1 year receiving Nplate® for ITP, adverse reactions with an incidence of ≥ 25% in the two randomized trials were: contusion (41%), upper respiratory tract infection (31%), and oropharyngeal pain (25%).
- In a long term, single arm, open label pediatric safety study, headache occurred in 78/203 patients (38%); the incidence rates of other adverse reactions were similar to those reported in the placebo controlled studies.

Nplate® administration may increase the risk for development or progression of reticulin fiber formation within the bone marrow. This formation may improve upon discontinuation of Nplate®. In a clinical trial, one patient with ITP and hemolytic anemia developed marrow fibrosis with collagen during Nplate® therapy.

Please see full Prescribing Information and Medication Guide.

AMGEN®

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