



Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

Phone: 207-303-3225 Fax:207-692-2473

NPLATE (romiplostim) Order Form – J2796

Patient name: _____ DOB: _____ Diagnosis: _____ Diagnosis Code: _____ Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

Labs:

- CBC with differential and platelets at baseline
- Please indicate frequency of lab draw: _____

Dose _____ mcg/kg weekly subcutaneously

Please check this box if you would like the pharmacist to adjust the NPLATE dose using the package insert dose modifications specified below

Adjust dose by 1 mcg/kg/week increments to achieve platelet count of at least $50 \times 10^9/L$ to reduce the risk for bleeding.

If the platelet count is less than $50 \times 10^9/L$, increase weekly dose by 1 mcg/kg.

If the platelet count is more than $200 \times 10^9/L$ to $400,000 \times 10^9/L$ or less for 2 consecutive weeks, reduce weekly dose by 1 mcg/kg.

If the platelet count is more than $400 \times 10^9/L$, withhold dose and continue to assess the platelet count weekly; when platelet count is less than $200 \times 10^9/L$, resume with the weekly dose reduced by 1 mcg/kg.

*In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____ Provider Signature: _____ Date: _____ Phone: _____ Fax: _____ Pager: _____
