

NPLATE (romiplostim) Order Form—J2796

Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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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
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Date	Phone	Fax	Pager
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