NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
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NPLATE (romiplostim) Order Form–J2796

Patient Name _____ Middle _____ Last _____ 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 × 109/L to reduce the risk for bleeding.
- If the platelet count is less than 50 × 109/L, increase weekly dose by 1 mcg/kg.
- If the platelet count is more than 200 × 109/L to 400,000 × 109/L or less for 2 consecutive weeks, reduce weekly dose by 1 mcg/kg.
- If the platelet count is more than 400 × 109/L, withhold dose and continue to assess the platelet count weekly; when platelet count is less than 200 × 109/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 _____