Physician's Orders

ROMIPLOSTIM (NPLATE) - ADULT, OUTPATIENT, INFUSION CENTER

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Defaults for orders not otherwise specified below:
☐ Interval: Every 7 days
☐ Interval: Every ___ days

Duration:
☐ Until date: __________
☐ 1 year
☐ ______# of Treatments

Anticipated Infusion Date ___________ ICD 10 Code with Description ________________

Height ___________(cm) Weight ____________ (kg) Allergies __________________________

Provider Specialty
☐ Allergy/Immunology  ☐ Infectious Disease  ☐ OB/GYN  ☐ Rheumatology
☐ Cardiology  ☐ Internal Med/Family Practice  ☐ Other  ☐ Surgery
☐ Gastroenterology  ☐ Nephrology  ☐ Otolaryngology  ☐ Urology
☐ Genetics  ☐ Neurology  ☐ Pulmonary  ☐ Wound Care

Site of Service
☐ SH Gerber  ☐ SH Lemmen Holton (GR)  ☐ SH Penick  ☐ SH United Memorial
☐ SH Helen DeVos (GR)  ☐ SH Ludington  ☐ SH Reed City  ☐ SH Zeeland

Appointment Requests

☒ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, injection and possible labs

Safety Parameters and Special Instructions

☒ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 2

ROMIPLOSTIM (NPLATE):

Dosage and Administration:
1. Use actual body weight for calculating initial dose
2. Do not exceed a maximum weekly dose of 10 mcg/kg
3. Use the lowest dose to achieve and maintain a platelet count greater than 50,000 as necessary to reduce risk of bleeding

Assess platelet count weekly until a stable platelet count (greater than 50,000 for at least 4 weeks without dose adjustments) has been achieved. Platelet count (+ peripheral blood smear) can be obtained monthly thereafter.

Dose adjustment should be made using the following algorithm:
• Platelets less than 50 x 10³/uL: Increase weekly dose by 1 mcg/kg
• Platelets between 50-200 x 10³/uL: Continue current dose
• Platelets greater than 200 x 10³/uL for 2 consecutive weeks: Reduce dose by 1 mcg/kg
• Platelets greater than 400 x 10³/uL: Do not give dose and continue to assess platelets weekly; once platelet count decreases to less than 200 x 10³/uL, resume at a weekly dose reduced by 1mcg/kg

Discontinue romiplostim for:
• Platelet count that does not increase to a level sufficient to avoid clinically significant bleeding after 4 weeks at the highest dose of 10mcg/kg
• Development of morphological abnormalities or cytopenia(s); consider a bone marrow biopsy to include staining for fibrosis

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Labs

<table>
<thead>
<tr>
<th>Complete Blood Count w/Differential</th>
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☐ Lab ____________________________
☐ Every ___days
☐ Once
☐ Until date: ________
☐ 1 year
☐ ______# of Treatments

Treatment Parameters

☐ ONC MONITORING AND HOLD PARAMETERS 16
   Do NOT administer romiPLOStim if platelets greater than 400 x 10³/uL and contact provider.

Medications

☐ romiplostim (NPLATE) injection 1 mcg/kg
   1 mcg/kg, Subcutaneous, Once, Starting S, For 1 Dose
   Protect from light.

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ______________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
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<tbody>
<tr>
<td>TIME</td>
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<tr>
<td>Sign</td>
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