Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Physician's Orders

ROMIPLOSTIM (NPLATE) - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:
- Interval: Every 7 days
- Duration: Until date: ________
- _______ # of Treatments

Anticipated Infusion Date __________ ICD 10 Code with Description ____________________________________________

Height __________ (cm) Weight __________ (kg) Allergies ____________________________________________

Provider Specialty
- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- Site of Service
  - SH Gerber
  - SH Helen DeVos (GR)
- Infectious Disease
- Internal Med/Family Practice
- Nephrology
- Neurology
- SH Lemmen Holton (GR)
- SH Ludington
- OB/GYN
- Other
- Otolaryngology
- Pulmonary
- SH Pennock
- SH Reed City
- Rheumatology
- Surgery
- Urology
- Wound Care

Appointment Requests

- Infusion Appointment Request

Status: Future, Expected: S, Expires: S*366, 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

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
Labs

- Complete Blood Count w/Differential

- 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 (Treatment Plan)
  1 mcg/kg, Subcutaneous, Once, Starting S, For 1 Doses
  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.