

Nplate® (romiplostim) NEXUS Program Institution Enrollment Form

I understand that Nplate® (romiplostim) is only available through the Nplate® NEXUS Program (the "Program"). A healthcare professional must be enrolled in the Nplate® NEXUS Program to prescribe Nplate®. Patients must be enrolled in the Nplate® NEXUS Program to receive Nplate®. Nplate® will be distributed to enrolled hospitals/institutions via a drop ship program through which Amgen retains direct control over these Nplate® purchases. Enrolled hospitals/institutions may order Nplate® through their usual distributor or through the Nplate® NEXUS Program directly, whichever they prefer. If ordered through the distributor, the distributor will transmit the order to the Nplate® NEXUS Program for drop shipment. I agree to comply with the following Program requirements on behalf of my institution:

- Develop a system, order sets, protocols, or other measures to ensure that Nplate® is only dispensed to inpatients and outpatients (eg, in a clinic) after verifying that the prescribing healthcare provider and patient are enrolled in the Nplate® NEXUS Program;
- Train and provide educational materials to appropriate staff responsible for prescribing, dispensing, and administering Nplate® regarding the safe and appropriate use of Nplate®, program monitoring requirements (including dispensing a Medication Guide with each dose), program adverse events reporting requirements, and institution documentation requirements;
- To develop a system to ensure patients started on Nplate® as inpatients are transitioned to an outpatient healthcare provider who is enrolled (or will be enrolled) in the Nplate® NEXUS Program; and
- To develop a process and system to track Nplate® NEXUS Program compliance and cooperate with periodic audits to assure that Nplate® is used in accordance with the program requirements. Product tracking includes the following information:
 - Name and unique identification number of enrolled prescribing healthcare provider
 - Unique identifier (program ID number, name, date of birth, address) of the enrolled patient receiving Nplate®
 - Date of each Nplate® order (including number of vials ordered and vial sizes)
 - Number of Nplate® vials, vial sizes, and date of each dose given to each patient
 - Overall inventory for the set period of time including the total number of vials ordered (including via sizes), dispensed, and in stock

NEXUS Specialists and Amgen representatives are available as resources to healthcare providers to assist in Nplate® NEXUS Program enrollment and Nplate® training. An Nplate® NEXUS Program Training Kit is available to inform prescribers of Nplate® and the Nplate® NEXUS Program. If you need additional kits, please specify the number needed below.

Please send an additional _____ Nplate® NEXUS Program Training Kits.

Amgen will be regularly evaluating program compliance to ensure that program objectives are met. Amgen reserves the right to terminate an institution's enrollment at any time based upon the institution's noncompliance with program requirements, or take other appropriate measures to assure that program objectives are met.

Authorized Institution Signature _____ Date _____ / _____ / _____
MM DD YYYY

Authorized Institution Name (print) _____

Institution Enrollment Information

Institution Name _____

Primary Ship-to Address _____

City, State, ZIP Code _____

HIN _____

Phone (____)____ - _____ FAX (____)____ - _____

(Institution Point of Contact) _____ Phone (____)____ - _____ FAX (____)____ - _____

Please fax this completed form to the Nplate® NEXUS Program 1-877-675-2830.

A NEXUS Specialist will follow up to obtain information for communication, shipping, and ordering.

You will receive enrollment confirmation via fax within 48 hours.

For questions regarding the Nplate® NEXUS Program, call 1-877-NPLATE1 (1-877-675-2831).