

# Nplate® (romiplostim) NEXUS Program Healthcare Provider Enrollment Form

I understand that Nplate® (romiplostim) is only available through the Nplate® NEXUS (Network of Experts Understanding and Supporting Nplate® and patients) Program and I agree to comply with the following program requirements:

- I have read the full Prescribing Information for Nplate®.
- I understand that Nplate® is only approved for the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.
- I understand that Nplate® should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk of bleeding.
- I understand that Nplate® should not be used in an attempt to normalize platelet counts.
- I understand that Nplate® is not indicated for the treatment of thrombocytopenia due to MDS or any cause of thrombocytopenia than chronic ITP.
- I understand the following risks are associated with Nplate®:
  - Nplate® administration increases the risk for development or progression of reticulin fiber deposition within the bone marrow. Clinical studies have not excluded a risk of progression of bone marrow fibrosis with cytopenias. If the patient develops new or worsening morphological abnormalities or cytopenia(s), I should discontinue treatment with Nplate® and consider bone marrow biopsy, including staining for fibrosis.
  - Discontinuation of Nplate® may result in thrombocytopenia of greater severity than was present prior to Nplate® therapy. This worsened thrombocytopenia resolved within 14 days in the clinical trials.
  - Thrombotic/thromboembolic complications may result from excessive increases in platelet counts. Excessive doses of Nplate® or medication errors that result in excessive Nplate® doses may increase this risk.
  - Nplate® may increase the risk for hematological malignancies and progression of malignancy in patients with a pre-existing hematological malignancy or myelodysplastic syndrome (MDS).
- I understand that each patient should be monitored as follows to assure safe use of Nplate®:
  - Examine the peripheral smear closely to establish a baseline level of cellular morphologic abnormalities.
  - Monitor CBCs, including platelet counts and peripheral blood smears, weekly until a stable Nplate® dose has been achieved. Thereafter, CBCs, including platelet counts and peripheral blood smears, should be monitored at least monthly.
  - If Nplate® is discontinued, I will obtain weekly CBCs, including platelet counts, for at least 2 weeks and consider alternative treatments for worsening thrombocytopenia, according to treatment guidelines.
- I understand how to properly dose and administer Nplate® in order to prevent medication errors
- I understand that I must complete this Nplate® NEXUS Program Healthcare Provider Enrollment Form to enroll myself in the Nplate® NEXUS Program (I only need to enroll once).
- I will enroll each patient by assisting in the completion of the Nplate® NEXUS Program Patient Enrollment Form and completing the Nplate® NEXUS Program Patient Baseline Data Form. I will complete the Nplate® NEXUS Program Patient Baseline Data Form at the time of enrollment or within 30 days of patient enrollment. I understand that baseline data is only to be used to assess for risk factors for adverse events and to evaluate the long-term safety of Nplate®.
- I will provide each patient with the Nplate® Medication Guide prior to each dose and counsel each patient on the risks and benefits of Nplate®.
- I will complete the Nplate® NEXUS Program Enrollment Form for each patient: (1) obtain patient's signature acknowledging receipt of Nplate® Medication Guide, (2) obtain patient's signature authorizing disclosure of health information related to the Nplate® NEXUS Program, and (3) send the completed Nplate® NEXUS Program Patient Enrollment Form to the Nplate® NEXUS Program for patient enrollment.

# Nplate® (romiplostim) NEXUS Program Healthcare Provider Enrollment Form

<ul style="list-style-type: none"><li>• I will counsel each patient to carry a Patient ID Card and Dosing Tracker that identifies the risks with Nplate® and contains the Nplate® NEXUS Program access number.</li></ul>
<ul style="list-style-type: none"><li>• I will evaluate the safe use and patient status every 6 months to determine whether the patient should continue Nplate® and if so, authorize treatment for another 6 months.</li></ul>
<ul style="list-style-type: none"><li>• I will notify the Nplate® NEXUS Program when a patient discontinues Nplate® by completing the Nplate® NEXUS Program Patient Discontinuation/Post-Discontinuation Follow-up Form at the time of Nplate® discontinuation and 6 months later.</li></ul>
<ul style="list-style-type: none"><li>• I will promptly report to the Nplate® NEXUS Program any adverse events occurring in the course of the use of the drug as described in the Nplate® NEXUS Safety Questionnaire.</li></ul>
<ul style="list-style-type: none"><li>• I understand that Amgen will be regularly evaluating compliance with the Nplate® NEXUS Program, and that Amgen reserves the right to restrict my ability to enroll future patients or take other appropriate measures at any time if I fail to comply with the Nplate® NEXUS Program requirements.</li></ul>
I further understand that I have sole responsibility for all medical judgments and treatments, and have sole responsibility to, prior to Nplate® administration, counsel each patient on the risks of Nplate®, and provide each patient with all necessary warnings concerning Nplate®.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Physician Name \_\_\_\_\_

## Physician Information

Full Name (print) \_\_\_\_\_

Site Name \_\_\_\_\_

Address to receive Nplate® shipment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

State License Number \_\_\_\_\_ State Issued \_\_\_\_\_

| NPI Number \_\_\_\_\_ Specialty \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Office Manager (Purchaser) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

## Indicate your primary treatment setting:

Inpatient institution/hospital     Outpatient facility affiliated with an institution/hospital

Outpatient facility not affiliated with an institution/hospital

Please fax this completed form to the Nplate® NEXUS Program at 1-877-NPLATE0 (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).

Program use Only: Customer # \_\_\_\_\_

