



METRO INFUSION CENTER

Name: _____

DOB: _____

Diagnosis/Code: _____ / _____

Prior treatments: _____

Romiplostim (NPlate)

Please check the box corresponding to the weight used for dose calculation.Starting Weight: _____ kg Adjust doses based on weight if current weight is +/- 10% No dose modifications required for any weight change as all dosing is based on baseline weight**Dosing Guidelines/Parameters: Provider must select hold parameters that will trigger a call from the Infusion Staff**

- The first dose is set as per below all subsequent dosing will be based on CBC drawn prior to that dose. Once the platelet count is stable at 50,000 or more but not above 200,000 for 4 weeks, can move to q4-week dosing

 If after first dose, the platelet count is less than 50,000 increase the dose by 1mcg/kg each week until the platelet count reaches 50,000. Maintain platelet count between 50,000-200,000 If the platelet count is greater than 200,000 for 2 consecutive weeks, reduce the dose by 1mcg/kg each week the level is above 200,000 If platelet count is greater than 400,000, hold dose and a new order will need to be submitted**Laboratory or Other Tests Related to Chemotherapy:** MD Office is responsible for sending updated CBC prior to each visit.**Premedication and Antiemetic Orders:**

Not required

Treatment Orders:

DRUG	DOSE	Calculated Dose	ROUTE	DAYS TO BE GIVEN
<input type="checkbox"/> Romiplostim (NPlate)	1mcg/kg	_____mcg	SQ	x1 dose First Day
<input type="checkbox"/> Romiplostim (NPlate)	_____mcg/kg Current dosing	_____mcg	SQ	Weekly
<input type="checkbox"/> Romiplostim (NPlate)	Based on Platelet count (see dosing parameters above)	Pharmacy to calculate dose based on Platelet count and put on the instruction sheet sent out with vial and reconstitution instructions	SQ	Weekly after first dose

Date of intended first treatment at Metro Infusion Center: _____

Subsequent treatment may be given +/- 2 days or as otherwise specified:

This order is good for 1 year from the date ordered

Other:

- Never give greater than 10mcg/kg total dose
- The dose will be very small volume so recommend using a syringe that has 0.01ml increments
- If the platelet count has been stable above 50,000-200,000 for 4 weeks, can reduce the CBC's to q4 weeks

Call referring provider for:

Date:

Referring Provider: _____ Phone# _____

SIGNATURE REQUIRED**PRINTED NAME REQUIRED****Office Contact name/number:**All information in this order is strictly confidential and will become part of the patient's medical record. Contact us with questions at (877)448-3627. Send completed form and all documentation to confidential email: MICreferral@metroinfusioncenter.com or fax to

(866)507-1164