

IMPORTANT PRESCRIBING INFORMATION

Date: MM/DD/YYYY

- Subject:**
- **Nplate[®] (romiplostim) REMS Program (Nplate[®] NEXUS Program): Elimination of Prescriber, Institution, and Patient Enrollment requirements to prescribe and receive Nplate**
 - **Serious risks associated with Nplate**

Dear Professional Society:

As of **<insert date of program closure (Day 0)>**:

- **Healthcare Professionals/Prescribers** – No longer need to be enrolled to prescribe Nplate[®] (romiplostim) or complete and submit any Nplate[®] NEXUS Program Forms
- **Institutions** - No longer need to enroll and verify prescriber and patient enrollment before dispensing Nplate
- **Patients** - No longer need to be enrolled in order to receive Nplate

Any prescriber or hospital will be able to order Nplate without enrolling either themselves or patients.

Why are the REMS restricted distribution requirements being eliminated?

The restrictive elements of the REMS included enrollment of prescribers, patients and institutions to assist in collecting long term safety information. Upon further review, FDA and Amgen have determined that the safety information collected through the REMS, which is based on individual case safety reports, is inherently confounded by underlying medical conditions in the treated patient population and thus cannot be used to determine the precise role of Nplate in the development of the adverse events. Based in part on this determination and the data submitted from clinical trials, FDA and Amgen have concluded that the restricted elements of the REMS can be eliminated. For this reason enrollment of prescribers, patients and institutions and mandatory collection of safety data is no longer required.

What has changed?

Prescribers

- No longer need to enroll in Nplate[®] NEXUS Program
- No longer need to enroll patients in Nplate[®] NEXUS Program
- No longer need to complete and submit the enrollment, baseline, 6-month safety questionnaires, and discontinuation and post-therapy forms

Prescribers should inform their patients currently enrolled in Nplate[®] NEXUS Program of the elimination of this program.

Institutions

- No longer need to complete initial enrollment forms and training
- No longer need to confirm prescriber and patient enrollment in Nplate[®] NEXUS Program
- No longer need to maintain inventory tracking documentation
- No longer need to undergo periodic audits to ensure Nplate is dispensed in accordance with program requirements

What has NOT changed?

Risks

Nplate is associated with serious risks, including:

- ***Risk of Progression of Myelodysplastic Syndromes to Acute Myelogenous Leukemia:*** A randomized, double-blind, placebo-controlled trial enrolling patients with severe thrombocytopenia and International Prognostic Scoring System (IPSS) low or intermediate-1 risk MDS was terminated due to more cases of AML observed in the romiplostim treatment arm.

Nplate is not indicated for the treatment of thrombocytopenia due to MDS or any cause of thrombocytopenia other than chronic ITP.

- ***Thrombotic/Thromboembolic Complications*** may result from increases in platelet counts with Nplate use. Portal vein thrombosis has been reported in patients with chronic liver disease receiving Nplate. Nplate should be used with caution in patients with ITP and chronic liver disease.
- ***Bone Marrow Reticulin Formation and Risk for Bone Marrow Fibrosis:*** Nplate administration may increase the risk for development or progression of reticulin fiber formation within the bone marrow. This formation may improve upon discontinuation of Nplate.

If new or worsening morphological abnormalities or cytopenia(s) occur, consider a bone marrow biopsy to include staining for fibrosis.

- ***Worsened Thrombocytopenia after Cessation of Nplate:*** Discontinuation of Nplate may result in worsened thrombocytopenia than was present prior to Nplate therapy. Monitor complete blood counts (CBCs), including platelet counts, for at least 2 weeks following Nplate discontinuation.
- ***Medication Error:*** Excessive doses of Nplate may increase platelet counts to a level that produces thrombotic/thromboembolic complications.

Indication

Nplate is indicated for the treatment of thrombocytopenia in patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.

- Nplate is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than chronic ITP.
- Nplate should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding.
- Nplate should not be used in an attempt to normalize platelet counts.

Please see Prescribing Information for complete description of the safety information.

What if members of my organization have safety information to submit?

- Amgen will continue to accept safety information for enrolled patients for an additional 4 weeks faxed to 1-877-NPLATE0 (1-877-675-2830) or via the Nplate NEXUS Program Patient Management website (www.nplatenexus.com) which will be available until < Day 0 + 4 weeks>
- After <<date>>, report SUSPECTED ADVERSE REACTIONS, to Amgen Inc. at 1-800-77-AMGEN (1-800-772-6436) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Further Information

Should your members require additional information about Nplate please refer to the Prescribing Information found at www.nplate.com or contact Amgen Medical Information at 1-800-772-6436.

Sincerely,

Sean E. Harper, MD
Senior Vice President Global Development and Chief Medical Officer
Amgen Inc.