Nplate® (romiplostim)

Brief Prescribing Information

Please refer to the Summary of Product Characteristics before prescribing Nplate. **Pharmaceutical Form:** Vial reconstitution pack consisting of a vial containing 250 µg romiplostim powder and a pre-filled syringe containing sterile water for injection, for reconstitution. **Indication:** Adult chronic immune (idiopathic) thrombocytopenic purpura (ITP) patients who are refractory to other treatments (e.g. corticosteroids, immunoglobulins). **Dosage and Administration:** The initial dose of Nplate is 1 µg/kg as a subcutaneous injection administered once weekly based on actual body weight. Increase the once weekly dose by 1 µg/kg increments until the patient achieves a platelet count ≥ 50 x 10^9/l. Platelet counts should be assessed weekly until a stable platelet count (≥ 50 x 10^9/l for at least 4 weeks without dose adjustment) has been achieved. Do not exceed a maximum once weekly dose of 10 µg/kg. Adjust the dose as follows: if the platelet counts are >150 x 10^9/l for 2 consecutive weeks, decrease dose by 1 µg/kg. If platelet count is >250 x 10^9/l, do not administer, continue to assess platelet count weekly. After platelet count has fallen to <150 x 10^9/l, resume dosing with once weekly dose reduced by 1 µg/kg. Due to the interindividual variable platelet response, in some patients platelet count may abruptly fall below 50 x 10^9/l after dose reduction or treatment discontinuation. In these cases, if clinically appropriate, higher cut-off levels of platelet count for dose reduction (200 x 10^9/l) and treatment interruption (400 x 10^9/l) may be considered according to medical judgement. Treatment should remain under the supervision of a physician who is experienced in the treatment of haematological diseases. Patients who have a stable platelet count ≥ 50 x 10^9/l for at least 4 weeks without dose adjustment may, at the discretion of the supervising physician, self-administer Nplate solution for injection. Patients eligible for self-administration of Nplate should be trained in these procedures. No formal trials have been conducted in patients with renal impairment; use with caution in this population. The safety and efficacy of Nplate in children aged under 18 years has not yet been established. **Contra-indications:** Hypersensitivity to the active substance or to any excipients, or to *E. coli*-derived proteins. **Special Warnings and Precautions:** ***Reoccurrence of thrombocytopenia and bleeding after cessation of treatment:*** Thrombocytopenia is likely to reoccur upon discontinuation of treatment with Nplate. There is an increased risk of bleeding if Nplate is discontinued in the presence of anticoagulants or anti-platelet agents. Patients should be closely monitored for decrease in platelet count and medically managed to avoid bleeding upon discontinuation of treatment with Nplate. If Nplate is discontinued, ITP treatment should be restarted according current treatment guidelines. ***Increased bone marrow reticulin***: Examinations for cellular morphological abnormalities using peripheral blood smear and complete blood count prior to and during treatment with Nplate are recommended. If a loss of efficacy and abnormal blood smear is observed, Nplate should be discontinued, a physical examination should be performed, and a bone marrow biopsy with reticulin staining should be considered. ***Thrombotic/thromboembolic complications:*** Platelet counts above the normal range present a risk for thrombotic/thromboembolic complications. Caution should be used when administering Nplate to patients with known risk factors for thromboembolism. A risk/benefit assessment should be conducted for patients with moderate to severe hepatic impairment. Platelet count should be closely monitored to minimize the risk of thromboembolic complications. Cases of thromboembolic events, including portal vein thrombosis, have been reported in patients with chronic liver disease receiving Nplate. Nplate should be used with caution in these populations. ***Medication Errors***: Overdose has been reported in patients receiving Nplate and may result in an excessive increase in platelet counts associated with thrombotic/thromboembolic complications. If platelet counts are excessively increased discontinue Nplate and monitor platelet counts. Reinitiate in accordance with dosing recommendations. Underdose may result in lower than expected platelet counts and the potential for bleeding. Platelet counts should be monitored. ***Progression of existing Myelodysplastic syndromes (MDS):*** Nplate must not be used for the treatment of thrombocytopenia due to MDS or any other cause of thrombocytopenia other than ITP outside of clinical trials. In clinical studies of treatment with romiplostim in patients with MDS, cases of transient increases in blast cell counts were observed and cases of MDS disease progression to acute myeloid leukaemia were reported. ***Loss of response to Nplate***: Immunogenicity and increased bone marrow reticulin should be investigated following a loss of response to Nplate. ***Effects on red and white blood cells:*** Concurrent anaemia and leucocytosis may occur; monitoring of these parameters should be considered. **Interactions:** No interaction studies have been performed with Nplate. **Fertility, pregnancy and lactation:** No adequate experience in human pregnancy and lactation. Nplate is not recommended during pregnancy and in women of childbearing potential not using contraception. A risk/benefit assessment must be conducted prior to initiating breast feeding. **Undesirable Effects:** Very common (≥ 1/10): Upper respiratory tract infection, hypersensitivity, headache. Common (≥ 1/100 to < 1/10): Gastroenteritis, angioedema, bone marrow disorder, thrombocytopenia, anaemia, insomnia, dizziness, paraesthesia, migraine, palpitations, flushing,

pulmonary embolism, nausea, diarrhoea, abdominal pain, dyspepsia, constipation, pruritis, ecchymosis, rash, arthralgia, myalgia, pain in extremity, muscle spasms, back pain, bone pain, fatigue, injection site reaction, peripheral oedema, influenza-like illness, pain, asthenia, pyrexia, chills and contusion. Uncommon (≥ 1/1000 to < 1/100): Multiple myeloma, myelofibrosis, aplastic anaemia, bone marrow failure, leukocytosis, splenomegaly, thrombocythaemia, depression, neuropathy peripheral, transverse sinus thrombosis, blindness, papilloedema, visual disturbances, myocardial infarction, heart rate increase, deep vein thrombosis, hypotension, peripheral embolism, peripheral ischaemia, thrombosis, erythromelalgia, dyspnoea, rectal haemorrhage, haematochezia, portal vein thrombosis, increase in transaminase, vaginal haemorrhage, chest pain, and blood pressure increased. Please consult the Summary of Product Characteristics for a full description of adverse events. **Pharmaceutical Precautions:** Store at 2°C to 8°C (in a refrigerator). Store in the original carton in order to protect from light. Nplate® should be reconstituted with sterile water for injections. The product should be used immediately after reconstitution. Do not freeze. Do not shake or vigorously agitate. **Legal Category:** POM. **Presentation, Basic NHS Costs and Marketing Authorisation Number:** Nplate 250 µg vial reconstitution pack: £482.00, EU/1/08/497/005. **Marketing Authorisation Holder:** Amgen Europe B.V., Minervum 7061, 4817 ZK Breda, The Netherlands. Further information is available from Amgen Limited, 240 Cambridge Science Park, Milton Road, Cambridge, CB4 0WD. **Date of PI preparation:** November 2017 (Ref: UKIE-P-531-0116-122950(1))

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard
Adverse events should also be reported to Amgen Limited on +44 (0) 1223 436441