

Sample Letter to Local CAC Member

(Practice Letterhead)

(Date)

(CAC Member Name)

(CAC Member Address)

(City, State ZIP Code)

Dear **(CAC Member Name)**:

As the current contractor advisory committee (CAC) representative to Medicare responsible for the oncology community's concerns and issues, I am writing to request your assistance in ensuring proper Medicare coverage and payment for Nplate™ (romisplstim) for chronic ITP.

Nplate™ was approved for marketing by the FDA on August 22, 2008. Attached is the full prescribing information for Nplate™.

(Provide details on your practice and experience with Nplate™.)

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

IMPORTANT SAFETY INFORMATION

Serious adverse reactions associated with Nplate™ in clinical studies were bone marrow reticulin deposition and worsening thrombocytopenia after Nplate™ discontinuation. Additional risks include Bone Marrow Fibrosis, Thrombotic/Thromboembolic Complications, Lack or Loss of Response to Nplate, and Hematological Malignancies and Progression of Malignancy in Patients with a Pre-existing Hematological Malignancy or Myelodysplastic Syndrome (MDS).

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

Nplate™ is available only through a restricted distribution program called Nplate™ NEXUS (Network of Experts Understanding and Supporting Nplate™ and Patients) Program.

In the placebo-controlled studies, headache was the most commonly reported adverse drug reaction.

I would be more than happy to discuss with you my clinical experience with Nplate™ and/or make myself available to present these experiences at the next Medicare CAC meeting. I appreciate your assistance with this important matter.

Sincerely,

(Physician Name)

encl.