

# Information for the treatment of Immune Thrombocytopenia in Adults

## Eltrombopag

### Second-line treatment

Eltrombopag is a Thrombopoietin Receptor Agonist (TPORA) that increases platelet counts in most ITP patients (ITP).

Thrombopoietin (TPO) is a hormone produced by the liver that naturally controls the development of megakaryocytes, the large cell-producing platelets in the bone marrow.

TPO receptor agonists (TPO-RAs) bind to the same receptor and prompt megakaryocytes in the bone marrow to produce more platelets.



**BRAND NAMES** Revolade and Promacta (USA)



### HOW DOES THE TREATMENT WORK?

Pathologically, ITP is classically characterised by increased platelet destruction and/or decreased platelet production due to inhibition of megakaryocyte function.

Revolade stimulates the bone marrow to encourage the production of more platelets. The molecule binds to the thrombopoietin receptor on megakaryocytes, which stimulates platelet production.



### HOW IS IT ADMINISTERED?

Oral tablet.



### DOSAGE

The usual starting dose for adults is one 50 mg tablet daily (or 25mg daily for people of Southeast Asian background).

The dose can be increased to a maximum of 75 mg daily.

With continued monitoring, some patients can switch to alternate daily dosing, or less.



### COMMON SIDE EFFECTS

Nausea, diarrhea, upper respiratory tract infection (symptoms may include runny nose, stuffy nose, and sneezing), vomiting.



### RARE SIDE EFFECTS

Higher risk for blood clots. New or worsened cataracts. Platelet count may drop suddenly if the drug is stopped abruptly. Increases the risk for serious liver problems.

Bone marrow reticulin (fibrous scarring) has been reported but is rare.



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#### TREATMENT RESPONSE

1 to 3 weeks.



#### LIKELIHOOD OF AN INITIAL RESPONSE

Approximately 60-90% of patients have an initial response of a platelet count greater than 50,000 per microliter.



#### LIKELIHOOD OF A LONG-TERM RESPONSE? *3-5 years*

Approximately 80% of patients who respond initially maintain a platelet count of about 50,000 per microliter if treatment is continued.

The prevalence of sustained remission off treatment has yet to be established; however, it can be achieved.



#### OTHER CONSIDERATIONS

The dose should be taken **at least 2 hours before and 4 hours after** the following products:

- foods that contain calcium
- antacids used to treat stomach ulcers or heartburn,
- multivitamins, mineral supplements, or products that contain iron, calcium, aluminium, magnesium, selenium, and zinc.

Weekly blood tests are recommended until a regular dose is established to keep the platelet count levels stable, and then you can go to monthly blood tests or even less frequently.

Regular monthly monitoring of liver enzymes is recommended.

Regular monitoring of ferritin levels is recommended, with iron infusions recommended every 12-24 months as required.

Not recommended for use during pregnancy.

If no response is seen in this treatment, switching to a different TPORA is recommended.

It is extremely rare; however, a small percentage of patients may require a treatment holiday if this treatment stops being effective.

#### REFERENCES

<https://itpaustralia.org.au/thanz-aus-nz-ity-guidelines/>

<https://www.mja.com.au/journal/2021/216/1/consensus-guidelines-management-adult-immune-thrombocytopenia-australia-and-new>

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