

Information for the treatment of Immune Thrombocytopenia in Adults



Romiplostim

Second-line treatment

Romiplostim is a Thrombopoietin Receptor Agonist (TPORA) That increases platelet counts in most patients with 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 NPlate



HOW DOES THE TREATMENT WORK?

Romiplostim stimulates the megakaryocytes in the bone marrow to produce more platelets.



HOW IS IT ADMINISTERED?

A weekly subcutaneous injection is initially administered by a healthcare professional.

In nearly all cases, with training, patients will be able to self-administer this treatment.



DOSAGE

Based on the patient's body weight, the Pharmaceutical Benefits Scheme (PBS) recommends that the initial dose for romiplostim is 1 µg/kg.

However, the average dose needed to maintain platelet counts in the initial clinical trials of romiplostim were around 3mcg/kg, so many ITP haematologists start at this dose.

Future dose adjustments are based on changes in platelet counts to achieve and maintain a platelet count in the range 50,000 - 200,000 per microliter.

The maximum allowed weekly dose from the PBS is 10 µg/kg.



COMMON SIDE EFFECTS

Headache, joint and muscle pain.



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RARE SIDE EFFECTS

The platelet count may drop if the drug is stopped abruptly.

Patients may have a higher risk of developing a blood clot when treated with a TPORA compared to some other ITP treatments.

People who take romiplostim may have an increased risk of developing new or worsening changes in the bone marrow called "increased reticulin."



TREATMENT RESPONSE

1 to 3 weeks.



LIKELIHOOD OF AN INITIAL RESPONSE

Between 60 to 90%.



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.



OTHER CONSIDERATIONS

Weekly blood tests until a dose of Romiplostim is established to keep the platelet count levels stable, and then go to monthly blood tests or even less frequently.

Some patients taking romiplostim will be able to cease treatment and maintain a safe platelet count on no treatment.

If no response is seen using romiplostim, switching to a different TPORA is recommended.

REFERENCES

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

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

This information is for information purposes only. It is not intended to substitute professional medical advice and should not be solely relied on as health or personal advice. Always seek the guidance of your healthcare professional with any questions you may have regarding your health or specific treatments.
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