Eltrombopag

INDICATIONS

- Chronic immune thrombocytopenia (ITP) for more than 12 months duration for which corticosteroids are ineffective or contraindicated or unable to be tailed down due to relapse. **(CCG Blueteq form required)**

Available as 25mg, 50mg and 75mg tablets

TREATMENT INTENT

79-93% of patients will reach a platelet count of 50 $x10^9$/L or more
44-62% patients reach a platelet count of 50 $x10^9$/L or more by day 8 after starting eltrombopag
10-30% will have a durable response when eltrombopag is discontinued

PRE-ASSESSMENT

1. Blood tests – FBC, U&E, LFT, blood film
2. Record height and weight.
3. Consent - ensure patient has received adequate verbal and written information regarding their disease, treatment and potential side effects. Document in medical notes all information that has been given.
4. Treatment should be agreed with a consultant with experience of managing ITP

DRUG REGIMEN

	Starting dose
ELTROMBOPAG	50mg once a day*

*for patients with hepatic impairment or who are of East-Asian or South-East Asian ethnic origin the dose should be started at 25mg once a day due to greater sensitivity to eltrombopag

DOSE FREQUENCY

Once a day

Check platelet count and liver function tests once a week and adjust dose until the platelet count is stable at 50 $x10^9$/L or more, then monitor every 4 weeks.

DOSE ADJUSTMENTS

Platelet count	Dose adjustment or response
Less than 50 x10^9/L following at least 2 weeks of therapy	Increase daily dose by 25 mg to a maximum of 75 mg/day.
50 x10^9/L to 150 x10^9/L	Use lowest dose of eltrombopag to maintain platelet counts and control bleeding.
151 x10^9/L to 250 x10^9/L	Decrease the daily dose by 25mg*. Wait 2 weeks to assess the effects of this and any subsequent dose adjustments.
More than 250 x10^9/L	Stop eltrombopag; increase the frequency of platelet monitoring to weekly. Once the platelet count is 100 x10^9/L or less, reinitiate therapy at a daily dose reduced by 25 mg*.

*if the patient is already taking 25mg once a day and a dose reduction is required, reduce to 25mg every 48 hours. If the patient is already taking eltrombopag every 48 hours and a dose reduction is needed, stop eltrombopag.

MONITORING

FBC and LFTs 1-2 weekly until on stable dose, then every 4 weeks or as indicated.
U&Es every 4 weeks with other blood tests.

If LFTs are found to be abnormal, repeat within 3-5 days and monitor weekly thereafter until LFTs return to baseline levels. See discontinuation criteria.

DISCONTINUATION

Eltrombopag should be stopped if a platelet count sufficient to prevent bleeding has not been reached 4 weeks after reaching a dose of 75mg once a day.

Eltrombopag should be stopped if:

- ALT levels increase to more than 3 times the upper limit of normal in patients with normal liver function
- ALT levels increase to or more than 3 times baseline; or more than 5 times the upper limit of normal for patients with pre-treatment elevations in ALT, whichever is the lower.

Consider stopping eltrombopag if platelet count is stable for six months or more.

Eltrombopag may cause reticulin deposition within the bone marrow and should be stopped if a leukoerthroblastic picture develops on a blood film.

SPECIAL PRECAUTIONS

Caution for patients with liver disease and patients considered to be at high risk of thrombosis.

There are limited data in renal impairment but no dose adjustments are generally required. Use with caution with close monitoring of serum creatinine.

Eltrombopag interacts with several other medications, including all statins. It is recommended that the dose of statin is reduced by 50% when starting eltrombopag. Warn the patient to report any unexplained muscle pain, tenderness of weakness.

Please consult the summary of product characteristics if patients are taking other medications or discuss with a pharmacist.[1]

DIETARY RESTRICTIONS

For 4 hours before and 2 hours after taking eltrombopag, patients should not consume any of the following:

- **dairy foods** such as cheese, butter, yoghurt or ice cream
- **milk or milk shakes,** drinks containing milk, yoghurt or cream
- **antacids**
- **mineral and vitamin supplements** including iron, calcium, magnesium, aluminium, selenium and zinc

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

The most common adverse events are nausea, diarrhoea, back pain and rise in ALT. There is a risk of hepatotoxicity. Additionally there is a risk of thrombosis when the platelet count is in excess of the target platelet count. Eltrombopag may cause reticulin deposition within the bone marrow. Marrow fibrosis is usually reversible on discontinuing eltrombopag. A full list of adverse events can be found in the summary of product characteristics.[1]

REFERENCES

1. Novartis Pharmaceuticals UK. Eltrombopag (Revolade®) 50mg Summary of Product Characteristics. Last updated: 15 Sep 2021. Available at: https://www.medicines.org.uk/emc/product/508/smpc#gref

2. Provan et al. Updated international consensus report on the investigation and management of primary immune thrombocytopenia. Blood Advances 2019;3(22):3780-17

3. Renal Drug Database. Eltrombopag drug monograph. Updated: 20/2/2018. Accessed on 1/11/2021 via www.renaldrugdatabase.com

4. Bussel et al. Eltombopag for the treatment of chronic idiopathic thrombocytopenic purpura. N Engl J Med 2007;257:2237-47

REVIEW

Name	Revision	Date	Version	Review date
Michael Desborough, Consultant Haematologist. Yen Lim, Haematology Pharmacist.	New protocol	Nov 2021	V1.0	Nov 2023
NSSG protocol day	Update	Nov 2023	V1.2	Nov 2026