

● MONITORING REQUIREMENTS

- ▶ Monitor full blood count (monitor platelet count every 2 days for 1 week, then weekly until maintenance dose established).
- ▶ Monitor liver function.
- ▶ Monitor serum creatinine.
- ▶ Monitor urea.
- ▶ Monitor electrolytes (including potassium, magnesium and calcium) before and during treatment.
- ▶ Monitor closely for further signs of disease progression such as malignant transformation.

● PRESCRIBING AND DISPENSING INFORMATION

Initiate only when signs of disease progression or patient suffers from thrombosis.

Consider stopping treatment after 3 months if inadequate response.

● PATIENT AND CARER ADVICE

- ▶ **Driving and skilled tasks** Dizziness may affect performance of skilled tasks (e.g. cycling, driving).

● MEDICINAL FORMS

There can be variation in the licensing of different medicines containing the same drug.

Capsule

▶ Anagrelide (Non-proprietary)

Anagrelide (as Anagrelide hydrochloride)

500 microgram Anagrelide 500microgram capsules | 100 capsule [PoM] £404.57 DT = £396.62

▶ Xagrid (Shire Pharmaceuticals Ltd)

Anagrelide (as Anagrelide hydrochloride) 500 microgram Xagrid 500microgram capsules | 100 capsule [PoM] £404.57 DT = £396.62

● SIDE-EFFECTS

- ▶ **Common or very common** Alopecia · anaemia · appetite decreased · asthenia · cough · depression · diarrhoea · dry eye · dry mouth · fever · gastrointestinal discomfort · gastrointestinal disorders · haemolytic anaemia · hepatic disorders · hyperbilirubinaemia · increased risk of infection · malaise · menorrhagia · muscle complaints · nasal complaints · nausea · oral disorders · oropharyngeal complaints · pain · peripheral oedema · QT interval prolongation · sensation abnormal · skin reactions · sleep disorder · sweat changes · vertigo · vision disorders · vomiting
- ▶ **Uncommon** Anisocytosis · arrhythmias · balance impaired · cardiovascular disorder · cataract cortical · chest pain · cyanosis · drowsiness · ear pain · electrolyte imbalance · embolism and thrombosis · eosinophilia · excessive tearing · eye inflammation · eye pain · feeling hot · feeling jittery · food poisoning · gout · haemorrhage · headaches · hemiparesis · increased leucocytes · lens opacity · mood altered · muscle weakness · myocardial infarction · nephritis lupus · nerve disorders · nocturia · rectosigmoid cancer · renal failure · retinal pigment epitheliopathy · sinus disorder · sleep apnoea · speech disorder · sunburn · thrombocytopenia · tremor · urine abnormalities · vasodilation · wound inflammation

● CONCEPTION AND CONTRACEPTION

Ensure effective contraception during treatment.

● PREGNANCY

Avoid—toxicity in *animal* studies.

● BREAST FEEDING

Manufacturer advises avoid.

● HEPATIC IMPAIRMENT

Manufacturer advises consider avoiding.

Dose adjustments

- ▶ When used for Idiopathic thrombocytopenic purpura Manufacturer advises initial dose reduction to 25 mg once daily and wait at least 3 weeks before upwards titration of dose.

● RENAL IMPAIRMENT

Use with caution.

● MONITORING REQUIREMENTS

- ▶ Manufacturer advises monitor liver function before treatment, every two weeks when adjusting the dose, and monthly thereafter.
- ▶ Manufacturer advises regular ophthalmological examinations for cataract formation.
- ▶ Manufacturer advises peripheral blood smear prior to initiation to establish baseline level of cellular morphologic abnormalities; once stabilised, full blood count with white blood cell count differential should be performed monthly.
- ▶ For *idiopathic thrombocytopenic purpura*, manufacturer advises monitor full blood count including platelet count and peripheral blood smears every week during treatment until a stable platelet count is reached (50×10^9 /litre or more for at least 4 weeks), then monthly thereafter; monitor platelet count weekly for 4 weeks following treatment discontinuation.
- ▶ **EFFECT ON LABORATORY TESTS** Eltrombopag is highly coloured and can cause serum discolouration and interference with total bilirubin and creatinine testing. If laboratory results are inconsistent with clinical observations, manufacturer advises re-testing using another method to help determine the validity of the result.

- ▶ **DIRECTIONS FOR ADMINISTRATION** Each dose should be taken at least 4 hours before or after any dairy products (or foods containing calcium), indigestion remedies, or medicines containing aluminium, calcium, iron, magnesium, zinc, or selenium to reduce possible interference with absorption.

● PATIENT AND CARER ADVICE

Patient counselling is advised on how to administer eltrombopag tablets.

4.2 Immune thrombocytopenia

ANTIHAEMORRHAGICS > THROMBOPOIETIN RECEPTOR AGONISTS

Eltrombopag

17-Aug-2018

● INDICATIONS AND DOSE

Chronic immune (idiopathic) thrombocytopenic purpura in patients refractory to other treatments (such as corticosteroids or immunoglobulins) (under expert supervision)

▶ BY MOUTH

- ▶ Child 1-5 years: Initially 25 mg once daily, dose to be adjusted to achieve a platelet count of 50×10^9 /litre or more—consult product literature for dose adjustments, discontinue if inadequate response after 4 weeks treatment at maximum dose; maximum 75 mg per day
- ▶ Child 6-17 years: Initially 50 mg once daily, dose to be adjusted to achieve a platelet count of 50×10^9 /litre or more—consult product literature for dose adjustments, discontinue if inadequate response after 4 weeks treatment at maximum dose; maximum 75 mg per day
- ▶ Child 6-17 years (patients of East Asian origin): Initially 25 mg once daily, dose to be adjusted to achieve a platelet count of 50×10^9 /litre or more—consult product literature for dose adjustments, discontinue if inadequate response after 4 weeks treatment at maximum dose; maximum 75 mg per day.

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: ELTROMBOPAG (REVOLADE®): REPORTS OF INTERFERENCE WITH BILIRUBIN AND CREATININE TEST RESULTS (JULY 2018)

See *Effect on laboratory tests*.

- **CAUTIONS** Patients of East Asian origin · risk factors for thromboembolism
- **INTERACTIONS** → Appendix 1: eltrombopag