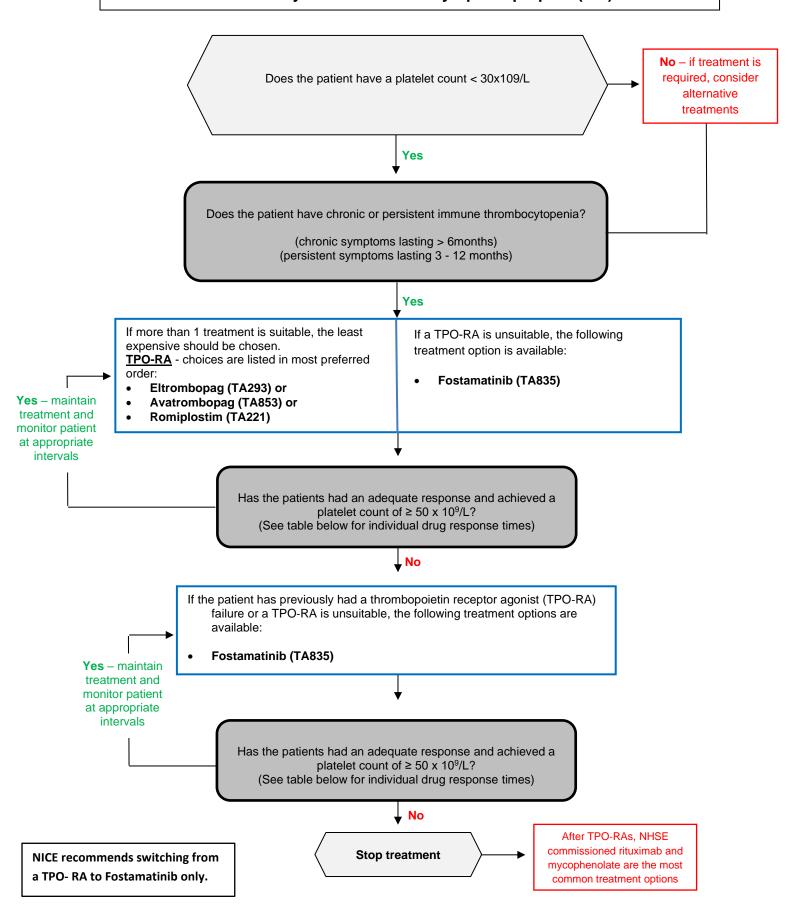


## **DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)**

Derbyshire commissioning guidance for treating chronic immune (idiopathic) or refractory chronic thrombocytopenic purpura (ITP)



Updated: April 2023

NICE approved treatments

## Dosing schedule

Biologic		Route	NICE TA	Loading dose	Maintenance dose	Response measured
Avatrombopag thrombopoietin receptor agonists (TPO-RAs)	Indicated for the treatment of primary chronic immune thrombocytopenia (ITP) in adult patients who are refractory to other treatments.	Oral	TA853	N/A	20mg OD	4 weeks
Eltrombopag thrombopoietin receptor agonists (TPO-RAs)	Indicated for the treatment of adult patients with primary immune thrombocytopenia (ITP) who are refractory to other treatments.  Eltrombopag dosing requirements must be individualised based on the patient's platelet counts.	Oral	TA293	N/A	50mg OD  For patients of East-/Southeast-Asian ancestry, eltrombopag should be initiated at a reduced dose of 25mg OD  Maximum daily dose of 75mg	4 weeks
Fostamatinib  Tyosine kinanse inhibitor	Indicated for the treatment of chronic immune thrombocytopenia (ITP) in adult patients who are refractory to other treatments.  Fostamatinib dosing requirements must be individualised based on the patient's platelet counts.	Oral	TA835	N/A	100mg BD  Can increase to 150mg BD after 4 weeks.  Maximum daily dose of 300mg	12 weeks
Romiplostim thrombopoietin receptor agonists (TPO-RAs)	Indicated for the treatment of primary immune thrombocytopenia (ITP) in adult patients who are refractory to other treatments	Subcutaneous injection	TA221	N/A	1 mcg/kg based on actual body weight  The once weekly dose of romiplostim should be increased by increments of 1 mcg/kg until the patient achieves a platelet count ≥ 50 x 10°/L  Maximum weekly dose of 10mcg/kg	4 weeks