Promacta® (eltrombopag) – New warning

- On October 4, 2017, the FDA approved an update to the *Warnings and Precautions* section of the Promacta (eltrombopag) drug label regarding the increased risk of death and progression of myelodysplastic syndromes (MDS) to acute myeloid leukemia (AML).

- In addition, the *Indications and Usage* section of Promacta's drug label was updated with the following new *Limitation of Use*:

    - Promacta is not indicated for the treatment of patients with MDS.

- Promacta is approved for the treatment of the following:

    - Thrombocytopenia in adult and pediatric patients 1 year and older with chronic immune (idiopathic) thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Promacta should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increase the risk for bleeding.
    - Thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy. Promacta should be used only in patients with chronic hepatitis C whose degree of thrombocytopenia prevents the initiation of interferon-based therapy or limits the ability to maintain interferon-based therapy. Safety and efficacy have not been established in combination with direct-acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.
    - Patients with severe aplastic anemia who have had an insufficient response to immunosuppressive therapy.

- A randomized, double-blind, placebo-controlled, multicenter trial in patients with International Prognostic Scoring System intermediate-1, intermediate-2 or high risk MDS with thrombocytopenia, receiving azacitidine in combination with either Promacta (n=179) or placebo (n=177) was terminated due to lack of efficacy and safety reasons, including increased progression to AML. Patients received Promacta or placebo at a starting dose of 200 mg once daily, up to a maximum of 300 mg once daily, in combination with azacitidine for at least six cycles.

    - The incidence of death (overall survival) was 32% in the Promacta arm vs. 29% in the placebo arm (HR = 1.42 [95% CI: 0.97, 2.08]), showing an increased relative risk of death in this trial by 42% in the Promacta arm.
    - The incidence of progression to AML was 12% in the Promacta arm vs. 6% in the placebo arm (HR = 2.66 [95% CI: 1.31, 5.41]), showing an increased relative risk of progression to AML in this trial by 166% in the Promacta arm.

- Promacta carries a boxed warning for risk for hepatic decompensation in patients with chronic hepatitis C and risk of hepatotoxicity.