

# AVATROMBOPAG VERSUS ELTROMBOPAG: COMPARATIVE ANALYSIS OF EFFICIENCY AND SAFETY IN PATIENTS WITH CHRONIC PRIMARY IMMUNE THROMBOCYTOPENIA (ITP)

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ABSTRACT NUMBER: 4CPS-234

## BACKGROUND AND IMPORTANCE

Thrombopoietin receptor agonists represent a therapeutic tool in patients with chronic primary immune thrombocytopenia (ITP) who are refractory to conventional treatments.

Among them, eltrombopag and avatrombopag have demonstrated significant efficacy in increasing platelet counts.

However, they present differences in pharmacological profile, safety and cost, which may influence therapeutic selection.

## AIM AND OBJECTIVES

To compare the effectiveness, safety, and economic impact of avatrombopag versus eltrombopag in adult patients with chronic ITP treated at a tertiary hospital, as well as to estimate the potential savings derived from a sequential use strategy.

## MATERIAL AND METHODS

A retrospective observational study that included all adult patients receiving active treatment with avatrombopag between January and September 2025.

Data were obtained from electronic medical records and the pharmacy dispensing system, recording the following:

- Number of active patients.
- Previous exposure to eltrombopag.
- Reason for switching to avatrombopag.
- Platelet response.
- Adverse events.
- Cost.

## RESULTS

### Clinical Results and Avatrombopag Use

- N= 39 active patients (2 lost to follow-up due to death).
- Prior Treatment: Only 33% had previously received eltrombopag.
- Reasons for Switch: 50% due to loss of platelet response. The remaining 50% switched due to:
  - Dietary restrictions (40%).
  - Adverse drug reactions (10%), specifically elevated liver enzymes or thrombocytosis.
- Efficacy: Platelet response rate ( $\geq 50 \times 10^9/L$ ) was 64%. The mean interval to response was 23.8 days (range: 7–60), aligning with pivotal trial data.

### Economic Analysis

- Monthly Cost Comparison: Eltrombopag (€44.70) vs. Avatrombopag (€547.54).
- Potential Savings: If 67% of patients had initiated treatment with eltrombopag, the estimated annual savings would have reached €120,672.

## CONCLUSION AND RELEVANCE

Avatrombopag and eltrombopag show comparable efficacy and safety profiles. Therapeutic choice should be based on tolerability and individual patient characteristics, reserving avatrombopag for cases of intolerance, adverse reactions or loss of response to eltrombopag. The implementation of a sequential strategy could optimize resource utilization in the hospital setting, maintaining therapeutic efficiency and reducing costs.

