PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
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NHS Pan Mersey Area Prescribing Committee

COLESEVELAM HYDROCHLORIDE (Cholestagel®)

AMBER

The Pan Mersey Area Prescribing Committee recommends the prescribing of COLESEVELAM HYDROCHLORIDE (Cholestagel®), following specialist initiation, for adult patients with bile acid malabsorption-associated diarrhoea who do not tolerate, or fail to respond to, 1st line treatments.

FOLLOWING SPECIALIST INITIATION

OFF-LABEL USE

Colesevelam hydrochloride (Cholestagel®) may be prescribed by consultant gastroenterologists, or their registrars, with experience in the management of diarrhoea secondary to bile acid malabsorption.

Patients may only be prescribed colesevelam for this indication if the following criteria are met:

- **positive SeHCAT scan (result showing <10% recovery after 7 days) and**
- **documentary evidence of failed response, or intolerance, to:**
  - **antidiarrhoeal agents (e.g. loperamide, codeine) and**
  - **colestyramine.**

Specialists may request the patient's GP take over prescribing responsibility of this treatment once the patient's dose is stabilised and the patient is clinically responding to treatment. The initiating doctor must ensure the patient is aware that this is an unlicensed use of this medicine, and clearly communicate that this discussion has taken place in the letter to the GP.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

COLESEVELAM HYDROCHLORIDE (Cholestagel®)

EFFECTIVENESS

Colesevelam is a bile acid sequestrant that forms a polymeric gel in the gastrointestinal tract which binds bile in the small bowel preventing the secretory actions of bile acids in the colon.

The available evidence suggests a role for colesevelam in the management of diarrhoea secondary to bile acid malabsorption, although there is a lack of high quality RCT data. A NICE Evidence Summary: Unlicensed or Off-label Medicine provides a summary of some of the data for this indication.[1] In addition, a double-blind, placebo-controlled RCT showed a trend towards colesevelam for the primary endpoint (>30% reduction in liquid stools/day from baseline to week 4, but insufficient patients were recruited so the study was inadequately powered to detect a difference between the groups.[2] In patients who fail to respond to existing treatment options, no alternative treatment exists. Patients' quality of life is poor as diarrhoea may restrict patient's ability to leave the house / complete daily activities.

SAFETY

Colesevelam is contraindicated in patients with hypersensitivity to the active ingredient or any of the excipients and in those with bowel or biliary obstruction. Colesevelam may worsen or induce constipation, and the risk of constipation should be considered in patients, particularly those with coronary heart disease or angina pectoris. Colesevelam should be used with caution in patients with triglyceride levels >3.4mmol/L. Consult the SPC for full prescribing information.

The most common adverse effects associated with colesevelam therapy are flatulence and constipation, occurring in over 10% of treated patients. Other common adverse effects (occurring in 1 – 10% of treated patients) include headache, vomiting, diarrhoea, dyspepsia, abdominal pain, abnormal stools, nausea, abdominal distension and elevated serum triglycerides.

COST

Treatment	Daily dosage	Price per day
Colesevelam 625mg tablets	**1.25-3.75g in 2-3 doses**	**£1.08-£3.24**
Colestyramine 4g sachets	12-24g daily in 1-4 doses (max. 36g)	£0.66-£1.32
Colestyramine 4g sugar-free sachet		£1.66-£3.32
Codeine 30mg tablets	30-60mg up to four times daily	£0.16-£0.31
Loperamide 2mg capsules	4-8mg daily in 2-4 doses (max. 16mg)	£0.07-£0.27

From March 2017 Drug Tariff [online]

Exact patient numbers (i.e. number per 100,000) are difficult to define, but numbers per annum are expected to be small (<50 across Pan Mersey CCGs).

PATIENT FACTORS

No dosage adjustments are required in patients with renal or hepatic impairment or in elderly patients. The safety and efficacy in children (0-17 years) has not been established and colesevelam is not recommended in this age group.

Colesevelam may affect the absorption of other medicines from the G.I. tract. For medications with a narrow therapeutic index, it is recommended to separate the doses by at least 4 hours. The SPC specifically lists olmesartan, ciclosporin, oral contraceptives, antidiabetic agents, levothyroxine and ursodeoxycholic acid. Patients on concomitant warfarin therapy should have their INR monitored closely as colesevelam may alter absorption of vitamin K.

PRESCRIBING INFORMATION

The dose of colesevelam for diarrhoea associated with bile acid malabsorption is 2 to 6 tablets daily in 2-3 divided doses. The dose should be taken orally with a meal and liquid.

IMPLEMENTATION NOTES

Treatment should be initiated by a gastroenterologist with a specialist interested in the management of this condition. Prescribing should be retained in secondary care until the dose is stable and the patient has had a clinically beneficial response. At this time, the specialist may write to the patient's GP providing the relevant clinical information and requesting that the GP takes over responsibility for on-going prescribing. Prescribing responsibility should not be transferred to primary care until the GP has confirmed that they are willing to continue treatment.

REFERENCES

1. ESUOM 22: Bile acid malabsorption: Colesevelam. NICE, 29th October 2013. Available online via www.nice.nhs.uk
2. Biegel F *et al. J Crohns Colitis*, 2014; **8**(11):1471-9. doi: 10.1016/j.crohns.2014.05.009. Epub 2014 Jun 19.
3. SPC Cholestagel 625mg film-coated tablets. Last updated: 12th March 2015, Sanofi. Available online via www.medicines.org.uk