HERTFORDSHIRE AND WEST ESSEX AREA PRESCRIBING COMMITTEE (APC)

COLESEVELAM 625MG FILM COATED TABLETS FOR THE MANAGEMENT OF DIARRHOEA ASSOCIATED WITH BILE ACID MALABSORPTION (BAM) – RESTRICTED RECOMMENDATION

Name: generic (trade)	What it is	Indication	Date decision last revised	Decision Status	NICE / SMC Guidance
Colesevelam (Cholestagel®)	Bile acid sequestrant	Treatment of diarrhoea associated with bile acid malabsorption	December 2023 as part of harmonisation process. September 2016 (update of Feb 2015 decision and Sept 2015 review)	Final	**NICE** – Evidence summary unlicensed or off label medicine NICE ESUOM22, October 2013 **SMC** – Not assessed

APC Recommendation: Colesevelam for diarrhoea associated with bile acid malabsorption is RECOMMENDED FOR RESTRICTED USE:

- **for SECONDARY CARE INITIATION ONLY, AND**
- **only for patients with severe diarrhoea secondary to BAM where colestyramine cannot be tolerated, or cannot be tolerated at an effective dose.**
- **Treatment may be continued in primary care ONLY after specialist review, confirming that there has been a good response to treatment.**

This decision has been reached following presentation of 6 and 12 month internal audit results for patients with bile acid malabsorption commenced upon colesevelam by Local Provider Trusts.

EFFICACY

- In an RCT in 24 women with diarrhoea-predominant irritable bowel syndrome, there was no statistically significant difference in gastric, small bowel and overall colonic transit, or ascending colonic emptying with colesevelam compared with placebo.
- Colesevelam improved diarrhoea and other gastrointestinal symptoms in 45 people with a diagnosis of cancer and symptoms of bile acid malabsorption.
- Colesevelam resolved diarrhoea in 5 people with bile acid malabsorption who could not tolerate colestyramine.

SAFETY

- According to the summary of product characteristics, the adverse effects of colesevelam include flatulence and constipation, which affect at least 1 in 10 people who take it.
- Other adverse effects include headache, vomiting, diarrhoea, dyspepsia, abdominal pain, abnormal stools, nausea and abdominal distension.
- No patients withdrew from treatment because of adverse effects in the RCT.
- Out of 45 patients in the larger case series, 5 patients withdrew from treatment because of adverse effects.

COST

- At the dosage used in the studies, colesevelam currently costs between £0.97 and £2.91 per day.
- The dosage of colestyramine licensed for the relief of diarrhoea currently costs between £0.65 and £1.29 per day for standard sachets. Sugar-free sachets are more expensive.
- Colestipol is not currently licensed for bile acid malabsorption. However, the cost is estimated to be between £0.50 and £3.01 per day.

PATIENT FACTORS

- Colesevelam is not licensed for bile acid malabsorption. Such use would be off label.
- Colesevelam is available in tablet form. The other available bile acid sequestrants, colestyramine and colestipol, are powders that require mixing with water or other liquids and may taste unpleasant.
- Colesevelam may affect the bioavailability of other medicines.
- Colesevelam may be taken once daily when used to treat hypercholesterolaemia. However, it is unclear whether a once-daily dose is effective for bile acid malabsorption.

Assessment against Ethical Framework

Evidence of Clinical Effectiveness

- Limited evidence identified.
- 2 small case series (n=45 and n=5) found that colesevelam improved diarrhoea and gastrointestinal symptoms in people with this condition.
- A randomised controlled trial (RCT) found no improvement in outcomes with colesevelam in 24 women with diarrhoea-prominent irritable bowel syndrome, 4 of whom had evidence of bile acid malabsorption (however this study may have been underpowered to detect any differences between the groups).
- Colesevelam appears to be well tolerated. In the studies and from the SPC, the most frequent adverse effects are flatulence and constipation (similar to the other bile acid sequestrants).
- The optimal dosage regimen is not defined for this condition but up to 6 tablets per day were used in trials.
- Patients not responsive to a trial of colestyramine may respond to colesevelam though the trials quoted were small.

Cost of treatment and Cost Effectiveness

- Annual cost of colesevelam is £390 to £1,169 depending on dose. Colesevelam is more expensive than colestyramine sachets (but may be cheaper than generically prescribed sugar-free sachets).
- Colesevelam is also more expensive than colestipol sachets (neither is licensed for this indication).
- There may be potential savings from reduced hospital visits & use of alternative drugs e.g. loperamide
- No cost effectiveness studies identified

The needs of the population

- Although not life threatening, bile acid malabsorption can have a considerable impact on lifestyle and quality of life because the increased frequency of bowel motions may limit the person's ability to travel or leave the house.
- Needs of the population may be high as there appear to be limited options when intolerant/unresponsive to colestyramine.
- Colesevelam is available in tablet form. Colestyramine and colestipol are powders that require mixing with water/other liquids and may taste unpleasant. Patients may find the tablets more palatable.
- The need to take other medication at least 4 hours before or after colesevelam may be an issue.
- While colesevelam can be taken as a once daily dose, it is uncertain if this is appropriate for this indication.
- There have been stock availability issues with colestyramine sachets.

The needs of the community

If colesevelam was used in preference to lower cost colestyramine this could create a cost pressure which may have an impact on the local health economy which already has to identify savings.

Policy Drivers

None.

Equity:

No impact anticipated

References

- NICE Evidence Summary: unlicensed or off-label medicine. NICE ESUOM22: Bile acid malabsorption: colesevelam. Published 29 October 2013. http://www.nice.org.uk/mpc/evidencesummariesunlicensedofflabelmedicines/ESUOM22.jsp

Version	3.1 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance updates include: • Rebadging with HWE ICB and removal of ENHCCG and HVCCG headers
Developed by	ENHCCG and HVCCG PMOT
Approved by	HMMC
Date approved/updated	September 2016
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	3.0