PAN MERSEY AREA PRESCRIBING COMM
PRESCRIBING POLICY STATEMEN
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PENDING CCG APPROVAL

NHS Pan Mersey Area Prescribing Committee

ELUXADOLINE Tablets (Truberzi®▼)

AMBER

The Pan Mersey Area Prescribing Committee recommends the prescribing of ELUXADOLINE Tablets (Truberzi®▼) following specialist initiation for irritable bowel syndrome with diarrhoea in adults in accordance with NICE TA471

PATIENT RETAINED BY SPECIALIST

NICE TA471 (30 August 2017) recommends Eluxadoline as an option for treating irritable bowel syndrome with diarrhoea in adults, only if:

- the condition has not responded to other pharmacological treatments (for example, anti-motility agents, antispasmodics, tricyclic antidepressants) or
- pharmacological treatments are contraindicated or not tolerated, and
- it is started in secondary care.

Stop eluxadoline at 4 weeks if there is inadequate relief of the symptoms of irritable bowel syndrome with diarrhoea.

MHRA Drug Safety Update[4] December 2017 highlighted the risks of pancreatitis with eluxadoline and advised healthcare professionals:

- do not use in patients without a gallbladder or in patients with known or suspected biliary tree or pancreatic duct obstruction (eg, gallstones, tumour, periampullary duodenal diverticulum) or sphincter of Oddi disease or dysfunction.
- tell patients to avoid drinking alcohol during treatment with eluxadoline
- inform patients about symptoms suggestive of pancreatitis e.g. abdominal pain that may radiate to the back or shoulder, nausea, and vomiting. Instruct patients to stop taking eluxadoline and seek immediate medical attention if these symptoms develop
- eluxadoline should be initiated and supervised by a specialist experienced in diagnosis and management of gastrointestinal disorders.

For further guidance on the management of irritable bowel syndrome please refer to: NICE CG61 (February 2008) Irritable bowel syndrome in adults: diagnosis and management

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.

ELUXADOLINE Tablets (Truberzi®▼)

EFFECTIVENESS[1] Eluxadoline is an opioid receptor agonist and delta-opioid receptor antagonist that binds to opioid receptors in the digestive system and slows down the movement of food through the gut. The evidence for eluxadoline came from 3 double blind randomised controlled trials (IBS-2001, IBS-3001, IBS-3002). The populations were diagnosed with IBS-D using the Rome III criteria. Across all 3 trials, eluxadoline was compared with placebo with loperamide allowed as a 'rescue' therapy. The primary outcome was a composite response of pain and stool consistency (Bristol Stool Scale score). The committee concluded that people with IBS-D having eluxadoline had greater adequate relief, improved stool consistency, less pain and improved quality of life	**SAFETY**[2] Most common adverse reactions are gastrointestinal, including nausea, constipation and abdominal pain, dizziness and somnolence and rash. Cases of pancreatitis, with or without sphincter of Oddi spasm, have been reported, some resulting in hospitalisation and death, primarily in patients who have undergone cholecystectomy. **Contra-indications** include: Alcoholism, alcohol abuse, alcohol addiction or chronic or acute excessive alcohol use. Known or suspected biliary tree and/or pancreatic duct obstruction (e.g. gallstones, tumour, periampullary duodenal diverticulum) or sphincter of Oddi disease or dysfunction. Patients without a gallbladder (e.g. due to cholecystectomy or agenesis). Patients on treatment with potent inhibitors of OATP1B1.History of pancreatitis; or known or suspected structural diseases of the pancreas, including pancreatic duct obstruction. Hepatic impairment (Child-Pugh Class A-C). History of chronic or severe constipation or sequelae from constipation, or known or suspected mechanical gastrointestinal obstruction. For full details of adverse reactions and contraindications, see the SPC[2]
COST[1] Annual costs (On-line BNF & Drug Tariff accessed 15th Sept 2017): **Eluxadoline 200mg daily - £1,146.60** Hyoscine butylbromide 30mg daily - £58.50 Mebeverine MR 400mg daily - £83.96 Amitriptyline 10mg daily - £9.75 The estimated annual costs of implementing this guidance from year 2021/22 once steady uptake is reached, is equivalent to £11,300 per 100,000 population[3]	**PATIENT FACTORS**[2] Elderly (65 years and above)-given the potential for increased sensitivity to experience undesirable effects, it may be considered to initiate eluxadoline treatment in a dosage of 150 mg daily (one 75 mg tablet twice daily). If this dosage is well tolerated, but not sufficiently effective, dosage may subsequently be increased to 200 mg daily (one 100 mg tablet twice daily). The safety and efficacy of eluxadoline in children aged 0 to18 years have not yet been established. Not recommended during pregnancy or breastfeeding .Eluxadoline has a minor influence on the ability to drive and use machines and so caution should be exercised.

PRESCRIBING INFORMATION[2]

The recommended dose is 200 mg daily (one 100 mg tablet, twice daily). For patients who are unable to tolerate the 200 mg dose, the dose can be lowered to 150 mg daily (one 75 mg tablet twice daily). The tablets should be taken with food in the morning and in the evening. Patients should be instructed if they miss a dose (delay of 4 hours) to take the next dose at the regular time and not to take 2 doses at the same time to make up for a missed dose. Patients should be advised of the need to avoid drinking alcohol during treatment, the symptoms of pancreatitis and to stop taking eluxadoline and seek immediate medical attention if these symptoms develop.

IMPLEMENTATION NOTES

Prescribing should be retained in secondary care until the patient has been reviewed by the specialist, after 4 weeks. Once treatment has been assessed as efficacious, prescribing may be transferred to primary care. There should be clear documentation of efficacy and on-going need for treatment documented in communication to the patient's GP.

The patient should be retained under the care of the specialist clinician throughout treatment with eluxadoline as per the MHRA recommendation[4] that eluxadoline should be initiated and supervised by a specialist experienced in diagnosis and management of gastrointestinal disorders.

REFERENCES

1. National Institute for Health and Care Excellence. Eluxadoline for treating irritable bowel syndrome with diarrhoea (TA471) August 2017. Accessed 15 September 2017 at: https://www.nice.org.uk/guidance/ta471

2.Truberzi 75 mg film-coated tablets and 100 mg film-coated tablets Summary of Product Characteristics. Accessed 12th January 2018 at: http://www.medicines.org.uk/emc/medicine/33178

3. National Institute for Health and Care Excellence. Eluxadoline (TA471) Resource impact report. Accessed 15 September 2017 at: https://www.nice.org.uk/guidance/ta471/resources/resource-impact-report-pdf-4595718349

4. MHRA Drug Safety Update Volume 11 Issue 5 December 2017 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/668257/DSU-Dec-for-publication.pdf