

Shortage of Bile Acid Sequestrants – Colestyramine Powder for Oral Suspension 4g (Questran and Questran Light), Colesevelam (Cholestagel) and Colestipol (Colestid)

Updated: 11th July 2019

Description of product affected

- Colestyramine is licensed for use in the following indications^{1,2}:
 - Primary prevention of coronary heart disease in men between 35 and 59 years of age and with primary hypercholesterolaemia who have not responded to diet and other appropriate measures.
 - Reduction of plasma cholesterol in hypercholesterolaemia, particularly in those patients who have been diagnosed as Fredrickson's Type II (high plasma cholesterol with normal or slightly elevated triglycerides).
 - Relief of pruritus associated with partial biliary obstruction and primary biliary cirrhosis.
 - Relief of diarrhoea associated with ileal resection, Crohn's disease, vagotomy and diabetic vagal neuropathy.
 - Management of radiation-induced diarrhoea.
- The dose used varies between 4g and 36g daily according to the indication.^{1,2}
- For relief of diarrhoea, it is common practice to use colestyramine off-label to treat "bile acid diarrhoea" where considered clinically appropriate. In Cambridgeshire and Peterborough colestyramine is recommended first line for the management of bile acid malabsorption (unlicensed indication).
- Colestyramine is also used to help reduce the volume of jejunal and ileostomy outputs as a consequence of bowel resection for any cause.³ and in patients with myeloma treatment induced diarrhoea that is unresponsive to loperamide.⁴
- Colesevelam⁵ has a much more restricted range of licensed indications limited to treatment of hypercholesterolaemia and is recommended in Cambridgeshire and Peterborough as second line therapy for bile acid malabsorption after colestyramine and where conventional anti-diarrhoea medication have failed.⁶
- Colestipol^{7,8} is restricted to treatment of hypercholesterolaemia and is NON-FORMULARY in Cambridgeshire and Peterborough.

Background

Colestyramine

- Bristol-Myers Squibb (BMS) are currently the only supplier of colestyramine (Questran and Questran Light) and they are facing manufacturing difficulties.
- BMS are transferring both products Questran and Questran Light to Cheplapharm at the end of July 2019.
- Questran sachets are currently unavailable. It is not yet confirmed when the new manufacturer will be in a position to make supplies available.
- Questran Light sachets are currently available. The Emergency Order Process through Alliance Healthcare has been lifted and supplies should be available through normal wholesaler routes.
- Supplies of Questran Light are able to support demand for patients who take Questran or Questran Light sachets. BMS are also transferring Questran Light to Cheplapharm, but it is hoped that this will not impact adversely on continuity of supplies.

Colesevelam

- Cholestigel (colesevelam): currently out of stock. Resupply date 16th July.

Colestipol

- Colestid Orange (colestipol) 5g granules: currently in stock but will be out of stock from mid-July and not expected back until October 2019.
- Colestid (colestipol) granules 5g (plain): currently in stock but only sufficient to support the patients currently taking the colestipol either as plain granules or as Colestid Orange.

Alternative agents and management options

- Given the current issues with all of these agents it would seem prudent to keep patients on their existing treatment for as long as supplies remain available provided they are benefitting from treatment.
- If there is a need to switch patients between treatments the following factors should be taken into consideration:
 - Both Questran and Questran Light sachets contain 4g anhydrous colestyramine per sachet.
 - Questran Light contains 30mg of aspartame per sachet (whereas Questran contains about 3.8g sugar) and this may lead to tolerability issues in some patients with IBS.⁶
 - In switching patients between colestipol (5g sachet) and colestyramine (4g sachet) (or vice versa) it would seem appropriate to switch on a sachet for sachet basis and then titrate according to response if needed (with specialist input if appropriate).
 - There is no clear guidance on switching from colesevelam to colestyramine. If this turns out to be the only option available, specialist advice will be required. Patient and carers as appropriate

should be counselled about any change to their medication BEFORE any change is made.

Pruritus

- For patients with pruritus due to liver or biliary problems who do not achieve adequate benefit from treatment with a bile acid sequestrant, there are a number of alternative treatments available.^{9,10}
- Specialist advice may be needed to ensure that symptom control is maintained.

Urgent Action

For GP practices:

- Questran sachets
 - GP practices should urgently identify patients prescribed Questran sachets to ensure patients have sufficient stock of their medication to last during the shortage period.
 - Where patients do not have sufficient supplies, practices should liaise with pharmacies directly to ascertain their stock levels as different pharmacies use a range of wholesalers. Questran Light, where this is clinically appropriate for the patient may be ordered via the normal ordering process.
 - Prescriptions for Questran Light sachets should be made on an acute basis and patients switched back to their normal product when supplies of Questran sachets resume.
 - Counsel the patient and their carers as appropriate about any change to their medication BEFORE any change is made.
- Cholestagel (colesevelam)
 - GP practice should urgently identify patients prescribed Cholestagel (colesevelam) to ensure patients have sufficient stock of their medication to last during the shortage period.
 - Specialist advice will be required to switch to an alternative.
 - Patient and carers as appropriate should be counselled about any change to their medication BEFORE any change is made.

For pharmacies:

- Support by checking your current stock levels of these products and informing your local practices.
- Support GPs in counselling patients regarding any change to their medication.

References

1. Bristol-Myers Squibb Pharmaceuticals limited. Questran Powder for Oral Suspension 4g. SPC, date of revision of the text, November 2017: <https://www.medicines.org.uk/emc/product/5715/smpc>
2. Bristol-Myers Squibb Pharmaceuticals limited. Questran Light. SPC, date of revision of the text, November 2017: <https://www.medicines.org.uk/emc/product/911/smpc>
3. Personal communication – Chair British Society of Gastroenterology Research Committee
4. Personal communication – Chief Pharmacist St Marks Hospital London and Haematology Pharmacist, Guys & St Thomas' NHS Foundation Trust.
5. British National Formulary Issue 76 (Sept 2018- March 2019)
6. NICE. SeHCAT (tauroselcholic [75 selenium] acid) for the investigation of diarrhoea due to bile acid malabsorption in people with diarrhoea-predominant

irritable bowel syndrome (IBS-D) or Crohn's disease without ileal resection. Diagnostics guidance [DG7]. Published Nov 2012. Available:

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7. Pfizer Limited. COLESTID Orange 5g. SPC, date of revision of the text, 02/2015: <https://www.medicines.org.uk/emc/product/129/smpc>
8. SANOFI. Cholestigel 625 mg film-coated tablets. SPC, date of revision of the text. 05 April 2017: <https://www.medicines.org.uk/emc/product/6142>
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