Medicines Management Programme

Managed Access Protocol – teduglutide (Revestive®)▼

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Approved by:	Prof. Michael Barry, Clinical Lead, MMP.
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List of Abbreviations

GLP-2	Glucagon-like peptide-2 (analogue)
HPN	Home parenteral nutrition
HSE	Health Service Executive
HTA	Health technology assessment
HTH	High Tech Hub
IV	Intravenous
MAP	Managed access protocol
MMP	Medicines Management Programme
PCERS	Primary Care Eligibility & Reimbursement Service
PN	Parenteral nutrition
PS	Parenteral support
RDTRC	Rare Disease Technology Review Committee
SBS	Short bowel syndrome
SBS-IF	Short bowel syndrome and type III intestinal failure
SmPC	Summary of product characteristics

Definitions

Long term parenteral nutrition (PN) is defined as duration of >12 months.

Parenteral supports (PS) refers to PN and intravenous (IV) fluid requirement.

1. Revestive® (teduglutide)

Teduglutide is a glucagon-like peptide-2 (GLP-2) analogue produced in Escherichia coli cells by recombinant DNA technology.

1.1 Licensed indication

Teduglutide is indicated for treating Short Bowel Syndrome (SBS) in patients aged one year and above, when their intestines have had time to adapt after surgery and the condition is stable.

1.2 Reimbursement

Reimbursement of Revestive® on the High Tech Arrangement is confined to the following subgroup of the SBS population, i.e.

- **Patients with SBS and Type III intestinal failure (SBS-IF) whose condition is stable and currently on long-term parenteral nutrition (PN).**

Prescribers are required to apply for reimbursement approval on an individual patient basis using the teduglutide (Revestive®) *individual reimbursement approval application form.* Current stable PN requirement should be outlined in this application.
See Section 2 for further details on prescriber approval.
The completed form should be sent by email to the Medicines Management Programme (MMP) at mmp@hse.ie.

1.3 Administration

Revestive® 5mg powder and solvent for solution for injection.

Revestive® 1.25mg powder and solvent for solution for injection.

Revestive® should be initiated under the supervision of a medical professional with experience in the treatment of SBS.

1.4 Dose

The recommended dose of Revestive® in adults is 0.05mg/kg body weight injected subcutaneously once daily.

The recommended dose of Revestive® in children and adolescents (aged 1 to 17 years) is the same as for adults (i.e. 0.05 mg/kg body weight injected subcutaneously once daily).

See summary of product characteristics (SmPC) for the recommended dose banding tables and dose monitoring requirements.

Treatment should not be initiated until a patient is stable following a period of intestinal adaptation. Optimisation and stabilisation of IV fluid and nutrition support should be performed before initiation of treatment.

2. Reimbursement criteria - Initiation

This section outlines the criteria that must be satisfied for reimbursement approval of Revestive® under the High Tech Arrangement.

Prior to initiation the prescribing consultant should carefully inform patients/carers of the potential benefits and risks associated with the treatment including, but not limited to:

- Probability of reducing the need for or the weaning from home parenteral nutrition (HPN)
- Probability for quality of life improvement
- Expected duration of treatment
- Expected effects after stopping treatment
- Potential adverse effects
- Requirement for regular monitoring
- Criteria for discontinuing treatment

2.1 Prescribers

The prescribing of Revestive® under the High Tech Arrangement is confined to designated clinicians in two specialist centres in Ireland who have been approved by the HSE and have agreed to the terms of this managed access protocol (MAP):

- **St James Hospital, Dublin (adult centre)**
- **Children's Health Ireland, Crumlin (paediatric centre)**

Applications for reimbursement approval will only be considered from designated prescribers in these centres.

2.2 Patient clinical history

In line with the information contained within the SmPC, and the subgroup submitted by the marketing authorisation holder, reimbursement of Revestive® will be confined to the following:

- **Patients with SBS and Type III intestinal failure (SBS-IF) whose condition is stable and currently on long-term PN.**

2.3 Eligibility criteria

- Patients aged 1 year and above with SBS-IF.
- Patients should be stable following a period of intestinal adaptation after surgery.
- In adults, prior to initiating therapy, a colonoscopy may be considered to assess polyps in patients with residual colon.
- In children and adolescents, prior to initiating therapy, faecal occult blood testing may be considered to assess colo-rectal polyps/neoplasia.
- Patients should be dependent on parenteral support at least three times weekly for at least 12 months to meet caloric, fluid or electrolyte needs.

2.4 Exclusion criteria

In line with information contained within the SmPC, recommendations from the Rare Disease Technology Review Committee (RDTRC) and exclusion criteria from the STEPS trial, reimbursement of Revestive® will not be considered in the following circumstances:

- With active or suspected malignancy, including anyone with a known inherited cancer syndrome.
- Patients with a history of malignancies in the gastrointestinal tract, including the hepatobiliary system and pancreas within the last five years.
- Hypersensitivity to the active substance or to any of the excipients or trace residues of tetracycline.
- Radiation enteritis, scleroderma, coeliac disease, refractory or tropical sprue.
- Patients with active Crohn's disease or unstable concomitant diseases.
- Patients on intensive immunosuppression.

2.4.1 Cautions

In line with information contained within the SmPC and recommendations from the RDTRC, reimbursement of Revestive® should be used with caution in the following circumstances:

- Renal impairment: In adult or paediatric patients with moderate and severe renal impairment (creatinine clearance less than 50 ml/min) and end-stage renal disease, the daily dose should be reduced by 50%.
- Hepatic impairment.
- Older patients with a high frailty score.

Refer to SmPC and exclusion criteria from the STEPS trial for further details in relation to eligibility and exclusion considerations for Revestive®.

3. Reimbursement criteria - Discontinuation

The recommended time frame for assessing a response to teduglutide in paediatric patients and adults is 24 weeks. An initial assessment is suggested at 12 weeks to assess compliance and relevant outcome measures. If the required end-point/outcome has not been achieved after 24 weeks, teduglutide should be discontinued and reimbursement may no longer be supported.

Follow-up information should be submitted to the HSE-MMP (mmp@hse.ie) at 24 weeks outlining the patient's current PN requirements and whether treatment is being continued or discontinued. A further follow-up report at 12 months for continuing patients should be submitted.

3.1 Definition of response

The recommended end-point or outcome of measurement is at least 1 or more additional days per week off PN after 24 weeks of treatment with teduglutide. Secondary outcomes include a measurement of the % reduction in volume of PN. A response is defined as a reduction of 20% or more from baseline in the volume per week of PN. It is assumed that achieving a 20% reduction in PN volume equates to a day off PN.

Other patient reported factors for consideration include: patient preference, quality of life improvement, compliance to treatment and tolerability.

4. Registry

Patients are to be registered on the National Intestinal Failure Patient Registry which will allow for monitoring of outcomes and response rates to teduglutide.