## Obeticholic acid

15-May-2018

- **DRUG ACTION** Obeticholic acid is a selective farnesoid X receptor agonist, which decreases circulating bile acid.

- **INDICATIONS AND DOSE**

**Primary biliary cholangitis in combination with ursodeoxycholic acid when response to ursodeoxycholic acid has been inadequate, or as monotherapy in patients intolerant of ursodeoxycholic acid**

▸ BY MOUTH

▸ Adult: Initially 5 mg once daily for 6 months, then increased to 10 mg once daily if necessary and if tolerated, for dose adjustments due to severe pruritus, consult product literature

**IMPORTANT SAFETY INFORMATION**

MHRA/CHM ADVICE: OBETICHOLIC ACID (*OCALIVA*®): RISK OF SERIOUS LIVER INJURY IN PATIENTS WITH PRE-EXISTING MODERATE OR SEVERE HEPATIC IMPAIRMENT; REMINDER TO ADJUST DOSING ACCORDING TO LIVER FUNCTION MONITORING (APRIL 2018)

The MHRA is aware of reports of serious liver injuries and deaths in patients with primary biliary cholangitis with pre-existing moderate or severe liver impairment who were not adequately dose-adjusted. Follow dose reduction and monitoring advice in these patients to reduce the risk of serious liver injury; for further information, see *Hepatic impairment* and *Monitoring*.

- **CONTRA-INDICATIONS** Complete biliary obstruction
- **INTERACTIONS** → Appendix 1: obeticholic acid
- **SIDE-EFFECTS**

▸ **Common or very common** Arthralgia · constipation · dizziness · fatigue · fever · gastrointestinal discomfort · oropharyngeal pain · palpitations · peripheral oedema · skin reactions

▸ **Frequency not known** Hepatic failure

- **PREGNANCY**

**Dose adjustments** No evidence of harm but manufacturer advises avoid.

- **BREAST FEEDING** Not known to be harmful but manufacturer advises avoid.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in moderate to severe impairment or decompensated cirrhosis (risk of increased exposure).

**Dose adjustments** Manufacturer advises initial dose reduction to 5 mg once weekly in moderate to severe impairment or decompensated cirrhosis; titrate dose according to alkaline phosphatase and/or total bilirubin level—consult product literature.

- **MONITORING REQUIREMENTS** Manufacturer advises assess hepatic status before treatment initiation and then monitor for progression of primary biliary cholangitis with laboratory and clinical assessment to evaluate the need for dose reduction; patients at an increased risk of hepatic decompensation, including those with laboratory evidence of worsening liver function and/or progression to cirrhosis, should be monitored more closely.
- **NATIONAL FUNDING/ACCESS DECISIONS**

**NICE decisions**

▸ **Obeticholic acid for treating primary biliary cholangitis (April 2017)** NICE TA443

Obeticholic acid (*Ocaliva*®) is recommended as an option for treating primary biliary cholangitis, in combination with ursodeoxycholic acid when response to ursodeoxycholic acid is inadequate, or as monotherapy when ursodeoxycholic acid is not tolerated and only if the manufacturer provides obeticholic acid with the discount agreed in the patient access scheme. Response to obeticholic acid should be assessed after 12 months and treatment continued only if there is evidence of clinical benefit.

www.nice.org.uk/guidance/ta443

**Scottish Medicines Consortium (SMC) decisions**

The *Scottish Medicines Consortium* has advised (June 2017) that obeticholic acid (*Ocaliva*®) is accepted for use within NHS Scotland for the treatment of primary biliary cholangitis in combination with ursodeoxycholic acid when response to ursodeoxycholic acid is inadequate, or as monotherapy when ursodeoxycholic acid is not tolerated. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

**Tablet**

▸ **Ocaliva** (Intercept Pharma UK & Ireland Ltd) ▼

**Obeticholic acid 5 mg** Ocaliva 5mg tablets | 30 tablet PoM £2,384.04 (Hospital only)

**Obeticholic acid 10 mg** Ocaliva 10mg tablets | 30 tablet PoM £2,384.04 (Hospital only)

## Ursodeoxycholic acid

05-May-2020

- **INDICATIONS AND DOSE**

**Dissolution of gallstones**

▸ BY MOUTH

▸ Adult: 8–12 mg/kg once daily, dose to be taken at bedtime, alternatively 8–12 mg/kg daily in 2 divided doses for up to 2 years; treatment is continued for 3–4 months after stones dissolve

**Primary biliary cirrhosis**

▸ BY MOUTH

▸ Adult: 12–16 mg/kg daily in 3 divided doses for 3 months, then 12–16 mg/kg once daily, dose to be taken at bedtime

**Gall reflux gastritis**

▸ BY MOUTH

▸ Adult (body-weight 47 kg and above): 250 mg once daily for 10–14 days, dose to be taken at bedtime

- **CONTRA-INDICATIONS** Acute inflammation of the gall bladder · frequent episodes of biliary colic · inflammatory diseases and other conditions of the colon, liver or small intestine which interfere with enterohepatic circulation of bile salts · non-functioning gall bladder · radio-opaque stones
- **INTERACTIONS** → Appendix 1: ursodeoxycholic acid
- **SIDE-EFFECTS**

▸ **Common or very common** Diarrhoea · pale faeces

▸ **Rare or very rare** Abdominal pain upper · cholelithiasis calcification · hepatic cirrhosis exacerbated · skin reactions

▸ **Frequency not known** Nausea · vomiting

- **PREGNANCY** No evidence of harm but manufacturer advises avoid.
- **BREAST FEEDING** Not known to be harmful but manufacturer advises avoid.
- **HEPATIC IMPAIRMENT** Avoid in chronic liver disease (but used in primary biliary cirrhosis).
- **MONITORING REQUIREMENTS** In primary biliary cirrhosis, monitor liver function every 4 weeks for 3 months, then every 3 months.
- **PATIENT AND CARER ADVICE** Patients should be given dietary advice (including avoidance of excessive cholesterol and calories).