Colchicine for the treatment of pericarditis pain  
(Unlicensed indication)

The New Therapies Subgroup discussed the above at its meeting on 19th July 2016. The recommendation of this subgroup is as follows:*

<table>
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<tr>
<th>Drug/Indication</th>
<th>Colchicine for the treatment of acute or recurrent pericarditis pain</th>
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<td>Recommendation</td>
<td>The group recommends use of colchicine for the treatment of pericarditis pain as an adjunct to standard therapy if used as outlined in the 2015 European Society of Cardiology Guidelines for the diagnosis and management of pericardial diseases and if recommended by a cardiologist. The group noted the Cochrane evaluation concluded that colchicine, as adjunctive therapy to NSAIDs, is effective in reducing the number of pericarditis recurrences in patients with recurrent pericarditis or acute pericarditis. However, evidence is based on a limited number of small trials. According to set criteria was deemed to be a medium priority for funding in the above patient group only.</td>
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<td>Clinical Trial Data – Efficacy</td>
<td>A Cochrane review of colchicine for pericarditis in 2014 analysed the data from four trials. Two trials (including the COPE trial) included 360 patients with new onset of acute pericarditis and the other two trials (CORE and CORP) included 204 people who had a recurrent episode of their pericarditis. All four included studies used colchicine 0.5 mg twice daily. This was given for 3 months in the trials with people with acute pericarditis and for 6 months in the trials with people with recurrent pericarditis. All the trials added colchicine to the conventional therapy of NSAIDs or prednisolone in the intervention groups. Prednisolone was given if NSAIDs were contraindicated. Two of the studies were double blinded by using a placebo in the control arm. The review concluded that there was moderate quality evidence that colchicine reduces episodes of pericarditis in people with recurrent pericarditis over 18 months follow-up (HR 0.37; 95% confidence interval (CI) 0.24 to 0.58). It is expected that at 18 months, the number needed to treat (NNT) is 4. In people with acute pericarditis, there was moderate quality evidence that colchicine reduces recurrence (HR 0.40; 95% CI 0.27 to 0.61) at 18 months follow-up. Colchicine led to a greater chance of symptom relief at 72 hours (risk ratio (RR) 1.4; 95% CI 1.26 to 1.56; low quality evidence).</td>
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**Clinical Trial Data**

- **Safety**

Adverse effects were mainly gastrointestinal and included abdominal pain and diarrhoea. The pooled RR for adverse events was 1.26 (95% CI 0.75 to 2.12). While the number of people experiencing adverse effects was higher in the colchicine than the control groups (9% versus 7%), the quality of evidence was low owing to imprecision, and there was no statistically significant difference between the treatment groups (P = 0.42). There was moderate quality evidence that treatment with colchicine led to more people stopping treatment due to adverse events (RR 1.87; 95% CI 1.02 to 3.41).

**Cost Effectiveness/Affordability**

- Colchicine 500 microgram tablets are currently listed in Category M of the Drug Tariff and cost £22.42 for 100 tablets.

Therefore a treatment course of colchicine per patient for pericarditis costs:

- Acute pericarditis = £18.83 to £37.67 for a 3 month treatment course
- Recurrent pericarditis = £37.67 to £75.33 for a 6 month treatment course

The cost of colchicine in pericarditis will be an additional add-on cost to that of aspirin or NSAID.

There are no particular commissioning nor financial implications arising from this recommendation. All GM CCGs show prescribing of colchicine, ranging from around 300 and up to 700 items per quarter (costing around £41k) so prescribing is not uncommon.

**Patient perspective**

Patients will need to be counselled on the off label use of colchicine for this indication, however they can be re-assured that colchicine has been recommended for use in this indication since 1987 and it is recommended in European guidelines.

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**Notes**

- This recommendation is valid unless it is has been superseded by a NICE TA or national guidance. The recommendation will only be reviewed when there is substantial new data that may change the initial recommendation. For recommendations that are >24 months old please note that there may be new data available and this should be checked prior to prescribing.

- Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

References available on request.