HIGH COST DRUGS SUBGROUP

GMMMG Greater Manchester Medicines Management Group

NHS

January 2018

Octreotide for treatment of certain gastrointestinal indications

The High Cost Drugs Subgroup discussed the above at its meeting on 24th January 2018. The recommendation of this subgroup is as follows:

<table>
<tr><td>Recommendation</td><td>Octreotide is recommended as a treatment option for certain gastrointestinal conditions in adult patients who meet specific criteria for each condition:
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<tr><td>Condition</td><td>Criteria for initiation</td><td>Criteria for continuation</td></tr>
<tr><td>Entereocutaneous fistula</td><td>high-output i.e. >500ml / day</td><td>Review at 10-20 days.
Expected benefits must include one or more of:
Visible progress towards fistula closure (cease treatment on closure)
decreased fistula output (~20% reduction) resulting in improved fluid/electrolyte balance
patient may now be managed in the home setting.</td></tr>
<tr><td>High output stoma</td><td>Net ‘‘secretory’’ output (generally more than 3 litres/24 hours) despite at least 2 weeks of standard therapy (loperamide, codeine, PPIs etc)</td><td>Review within 1 week. To continue, there must be reduced volume of stomal output by 1-2 litres /24hours and reduced parenteral fluid requirements.</td></tr>
<tr><td>Refractory diarrhoea</td><td>Exhausted investigations to identify a clearly targeted remediable cause AND
have exhausted other treatments (pharmacological and dietary)</td><td>Review after 4 weeks
To continue, a reduced frequency and /or volume of stool considered meaningful by both clinician and patient.</td></tr>
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<tr><td>Background</td><td>Octreotide has a marketing authorisation for Symptomatic control and reduction of growth hormone (GH) and IGF-1 plasma levels in patients with acromegaly who are inadequately controlled by surgery or radiotherapy but not for any of the gastrointestinal uses suggested above. However, it is used when standard treatments have failed and, as such, all these off-label uses should be subject to IFR approval from the commissioner. Since the volume of patients requiring IFRs should they be submitted for all of the above is likely to be in the region of 10-20 per year, a commissioning policy should be produced.</td></tr>
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<td>Efficacy and Safety</td>
<td>
Octreotide has been available as a licensed medicine in the UK since 1999 and the overall safety and tolerability are well described.

It is not licensed for the treatment of any of the above and the reasoning for use is presented here:
<table>
<tr><th>Indication</th><th>Rationale</th></tr>
<tr><td>Entereocutaneous fistula</td><td>ASPEN-FELANPE Clinical Guidelines recommends the use of somatostatin analogue in adult patients with an enterocutaneous fistua as a method to reduce effluent drainage and enhance spontaneous closure .[1]</td></tr>
<tr><td>High output stoma</td><td>British Society of Gastroenterology Guidelines for management of patients with a short bowel.[2]</td></tr>
<tr><td>Refractory diarrhoea</td><td>Stimulates water and electrolyte absorption and inhibition of hormone secretion (gastrin, cholecystokinin, secretin, insulin, glucagon and vasoactive intestinal peptide), exocrine secretory responses (gastric acid secretion and exocrine pancreatic secretion) and motor activity (gastric emptying and gall bladder contraction).[3] Some limited clinical evidence.[4]</td></tr>
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The most frequent adverse reactions reported during octreotide therapy include gastrointestinal disorders, nervous system disorders, hepatobiliary disorders, and metabolism and nutritional disorders. Injection site pain is also common.
Limited data suggests that octreotide can induce a significant and durable response in some patients with the above conditions. Gastroenterologists support review at the stated intervals which are in line with NICE’s review criteria for other drugs in other GI conditions e.g. eluxadoline in IBS.
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<td>Cost Effectiveness/ Affordability</td>
<td>
The NHS list price for octreotide 50microgram pre-filled syringes is £18.85 for 5. At a typical dose of 50mcg three times daily e.g. in high output stoma, a month’s treatment (30 days) would cost £339.30. The dose may be increased to 100mcg three times a day in enterocutaneous fistula (£30.34 for 5x 100mcg pre-filled syringes so £546.12 for 30 days) and 200mcg three times a day in refractory diarrhoea at £1092 per 30 days.
Commissioning Arrangements: octreotide is a high cost PbR excluded drug. CCGs are the responsible commissioner for octreotide when used to treat gastrointestinal conditions.
If the criteria for continuation / success are met, the following may be anticipated:

Reduced length of hospital stays
Reduce parenteral fluid requirements
Improved quality of life for the patient

As review will be at a maximum of 4 weeks after commencing treatment, treatment with no meaningful response will be quickly stopped.
Anticipated numbers of patients for each of the above conditions is in the region of 5 per year across Greater Manchester.
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Monitoring	Where Blueteq has been introduced to the trust as part of the contractual arrangements, a form should be completed and on-going funding approval will be made by meeting the criteria outlined on completion and submission of a Blueteq form.
Patient perspective	Routine commissioning for this indication will mean that patients can quickly access an accepted treatment without any the need for an individual funding request to be processed.

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References

1. ASPEN-FELANPE Clinical Guidelines: Nutrition Support of Adult Patients With Enterocutaneous Fistula. Kumpf VJ, de Aguilar-Nascimento JE, Diaz-Pizarro Graf JI, Hall AM, McKeever L, Steiger E, Winkler MF, and Comphe CW. Journal of Parenteral and Enteral Nutrition 2017; 41(1):104-112

2. Guidelines for management of patients with a short bowel. Nightingale J, Woodward JM. Gut 2006; 55(Suppl IV):iv1–iv12. doi: 10.1136/gut.2006.091108

3. Role of somatostatin-14 and its analogues in the management of gastrointestinal fistulae. Hesse U, Ysebaert D and de Hemptinne B. Gut 2001; 49 (Suppl IV): iv11-iv20

4. Octreotide in the treatment of refractory diarrhoea and intestinal fistulae. Farthing MJG. Gut 1994; supplement 3: S5-S10

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