

COLESEVELAM HYDROCHLORIDE- colesevelam hydrochloride tablet, film coated
American Health Packaging

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use COLESEVELAM HYDROCHLORIDE TABLETS safely and effectively. See full prescribing information for COLESEVELAM HYDROCHLORIDE TABLETS.

COLESEVELAM HYDROCHLORIDE tablets, for oral use

Initial U.S. Approval: 2000

-----**RECENT MAJOR CHANGES**-----

Dosage and Administration, Testing Prior to Initiation of Colesevelam Hydrochloride Tablets (2.1)	05/2020
Warnings and Precautions, Hypertriglyceridemia and Pancreatitis (5.1)	05/2020

-----**INDICATIONS AND USAGE**-----

Colesevelam hydrochloride tablets are a bile acid sequestrant indicated as an adjunct to diet and exercise to:

- reduce elevated low-density lipoprotein cholesterol (LDL-C) in adults with primary hyperlipidemia (1.1).
- reduce LDL-C levels in boys and postmenarchal girls, 10 to 17 years of age, with heterozygous familial hypercholesterolemia (HeFH) (1.1).

Limitations of Use (1.3):

- Do not use for treatment of type 1 diabetes or for diabetic ketoacidosis.
- The effect on cardiovascular morbidity and mortality has not been determined.
- Not studied in type 2 diabetes with a dipeptidyl peptidase 4 inhibitor.
- Not studied in Fredrickson Type I, III, IV, and V dyslipidemias.
- Not studied in children less than 10 years of age or in pre-menarchal girls.

-----**DOSAGE AND ADMINISTRATION**-----

- Obtain lipid parameters, including serum triglyceride (TG) levels, before starting colesevelam hydrochloride tablets (2.1).
- The recommended dosage for adults and children 10 to 17 years old with primary hyperlipidemia is 3.75 grams daily. Colesevelam hydrochloride tablets should be taken as follows (2.2, 2.4):

Take 6 tablets once daily or 3 tablets twice daily with a meal and liquid.

-----**DOSAGE FORMS AND STRENGTHS**-----

Tablets: 625 mg (3)

-----**CONTRAINDICATIONS**-----

- Patients with serum triglyceride levels >500 mg/dL (4).
- Patients with a history of hypertriglyceridemia-induced pancreatitis (4).
- Patients with a history of bowel obstruction (4).

-----**WARNINGS AND PRECAUTIONS**-----

- *Hypertriglyceridemia and Pancreatitis:* Colesevelam hydrochloride can increase TG. Hypertriglyceridemia can cause acute pancreatitis. Monitor lipids, including TG. Instruct patients to discontinue colesevelam hydrochloride and seek prompt medical attention if the symptoms of acute pancreatitis occur (5.1).
- *Gastrointestinal Obstruction:* Cases of bowel obstruction have occurred. colesevelam hydrochloride is not recommended in patients with gastroparesis, other gastrointestinal motility disorders, and in those who have had major gastrointestinal tract surgery and who may be at risk for bowel obstruction (5.2).
- *Vitamin K or Fat-Soluble Vitamin Deficiencies:* Colesevelam hydrochloride may decrease absorption of fat-soluble vitamins. Patients with a susceptibility to deficiencies of vitamin K (e.g., patients on warfarin, patients with malabsorption syndromes) or other fat-soluble vitamins may be at increased risk. Patients on oral vitamin supplementation should take their vitamins at least 4 hours prior to colesevelam hydrochloride (5.3).
- *Drug Interactions:* Due to the potential for decreased absorption of other drugs that have not been

tested for interaction, consider administering at least 4 hours prior to colestevlam hydrochloride (5.4, 7, 12.3).

ADVERSE REACTIONS

In clinical trials, the most common (incidence $\geq 2\%$ and greater than placebo) adverse reactions with colestevlam hydrochloride included constipation, dyspepsia, and nausea (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Glenmark Pharmaceuticals Inc., USA at 1 (888) 721-7115 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Concomitant use with colestevlam hydrochloride may decrease the exposure of the following drugs:

Drugs with a narrow therapeutic index (e.g., cyclosporine), phenytoin, thyroid hormone replacement therapy, warfarin, oral contraceptives containing ethinyl estradiol and norethindrone, olmesartan medoxomil, and sulfonylureas (glimepiride, glipizide, glyburide). Administer these drugs 4 hours prior to colestevlam hydrochloride. For patients on warfarin, monitor International Normalized Ratio (INR) frequently during initiation then periodically (7.1).

Concomitant use with colestevlam hydrochloride may increase the exposure of the following drugs:

Metformin extended release. Monitor patients' glycemic control (7.2).

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 7/2020

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Primary Hyperlipidemia

Colesevelam hydrochloride tablets are indicated as an adjunct to diet and exercise to reduce elevated low-density lipoprotein cholesterol (LDL-C) in adults with primary hyperlipidemia.

Colesevelam hydrochloride tablets are indicated to reduce LDL-C levels in boys and postmenarchal girls, 10 to 17 years of age, with heterozygous familial hypercholesterolemia (HeFH) who are unable to reach LDL-C target levels despite an adequate trial of dietary therapy and lifestyle modification.

1.3 Limitations of Use

- Colesevelam hydrochloride tablets should not be used for the treatment of type 1 diabetes or for the treatment of diabetic ketoacidosis.
- The effect of colesevelam hydrochloride tablets on cardiovascular morbidity and mortality has not been determined.
- Colesevelam hydrochloride tablets have not been studied in type 2 diabetes in combination with a dipeptidyl peptidase 4 inhibitor.
- Colesevelam hydrochloride tablets have not been studied in Fredrickson Type I, III, IV, and V dyslipidemias.
- Colesevelam hydrochloride tablets have not been studied in children younger than 10 years of age or in pre-menarchal girls.

2 DOSAGE AND ADMINISTRATION

2.1 Testing Prior to Initiation of Colesevelam Hydrochloride Tablets

Obtain lipid parameters, including triglyceride (TG) levels, before starting colesevelam hydrochloride tablets. Colesevelam hydrochloride tablets are contraindicated in patients with TG levels >500 mg/dL [see *Contraindications (4) and Warnings and Precautions (5.1)*].

2.2 Recommended Dosage in Primary Hyperlipidemia

The recommended dosage of colesevelam hydrochloride tablets for adults and children 10 to 17 years old with primary hyperlipidemia is 3.75 grams daily. Colesevelam hydrochloride tablets should be taken as follows:

Take 6 tablets once daily or 3 tablets twice daily. Due to tablet size, colesevelam hydrochloride for oral suspension is recommended for use in the pediatric population.

2.3 Important Dosing Information for Primary Hyperlipidemia

Colesevelam hydrochloride tablets can be dosed at the same time as a statin, or colesevelam hydrochloride tablets and the statin can be dosed apart. Monitor lipid levels within 4 to 6 weeks after initiation of colesevelam hydrochloride tablets.

2.4 Administration Instructions

Take colesevelam hydrochloride tablets with a meal and liquid. For patients with difficulty swallowing tablets, use colesevelam hydrochloride for oral suspension [see *Warnings and Precautions (5.2)*].

3 DOSAGE FORMS AND STRENGTHS

- 625 mg tablets are off-white to pale yellow, capsule shaped, biconvex, film-coated, imprinted with 'G433' on one side and plain on the other side.

4 CONTRAINDICATIONS

Colesevelam hydrochloride tablets are contraindicated in patients with:

- Serum TG concentrations >500 mg/dL [see *Warnings and Precautions (5.1)*]
- History of hypertriglyceridemia-induced pancreatitis [see *Warnings and Precautions (5.1)*]
- A history of bowel obstruction [see *Warnings and Precautions (5.2)*]

5 WARNINGS AND PRECAUTIONS

5.1 Hypertriglyceridemia and Pancreatitis

Colesevelam hydrochloride, like other bile acid sequestrants, can increase serum TG concentrations. Hypertriglyceridemia can cause acute pancreatitis.

Colesevelam hydrochloride had effects on serum TG (median increase 5% compared to placebo) in trials of patients with primary hyperlipidemia.

Obtain lipid parameters, including TG levels, before starting colesevelam hydrochloride

and periodically thereafter. colessevelam hydrochloride is contraindicated in patients with TG levels >500 mg/dL or patients with a history of hypertriglyceridemia-induced pancreatitis [see *Contraindications (4)*]. Patients with TG levels greater than 300 mg/dL could have greater increases in serum TG levels with colessevelam hydrochloride and may require additional TG monitoring. Instruct patients to discontinue colessevelam hydrochloride and seek prompt medical attention if the symptoms of acute pancreatitis occur (e.g., severe abdominal pain with or without nausea and vomiting). Discontinue colessevelam hydrochloride if TG levels exceed 500 mg/dL [see *Adverse Reactions (6.1)*].

5.2 Gastrointestinal Obstruction

Postmarketing cases of bowel obstruction have occurred with colessevelam hydrochloride [see *Adverse Reactions (6.2)*]. Because of its constipating effects, colessevelam hydrochloride is not recommended in patients with gastroparesis, other gastrointestinal motility disorders, and in those who have had major gastrointestinal tract surgery and who may be at risk for bowel obstruction. Colessevelam hydrochloride is contraindicated in patients with a history of bowel obstruction [see *Contraindications (4)*]. Instruct patients to promptly discontinue colessevelam hydrochloride and seek medical attention if severe abdominal pain or severe constipation occurs.

Because of the tablet size, colessevelam hydrochloride tablets can cause dysphagia or esophageal obstruction. For patients with difficulty swallowing tablets, use colessevelam hydrochloride for oral suspension.

5.3 Vitamin K or Fat-Soluble Vitamin Deficiencies

Colessevelam hydrochloride may decrease the absorption of fat-soluble vitamins A, D, E, and K. Patients with a susceptibility to deficiencies of vitamin K (e.g., patients on warfarin, patients with malabsorption syndromes) or other fat-soluble vitamins may be at increased risk when taking colessevelam hydrochloride.

Patients on oral vitamin supplementation should take their vitamins at least 4 hours prior to colessevelam hydrochloride [see *Drug Interactions (7.1)*].

5.4 Drug Interactions

Colessevelam hydrochloride reduces gastrointestinal absorption of some drugs. Administer drugs with a known interaction at least 4 hours prior to colessevelam hydrochloride [see *Drug Interactions (7)*].

Due to the potential for decreased absorption of other drugs that have not been tested for interaction, especially those with a narrow therapeutic index, consider administering at least 4 hours prior to colessevelam hydrochloride [see *Clinical Pharmacology (12.3)*].

5.6 Macrovascular Outcomes

There have been no clinical studies establishing conclusive evidence of macrovascular disease risk reduction with colessevelam hydrochloride.

6 ADVERSE REACTIONS

The following important adverse reactions are described below and elsewhere in the labeling:

- Hypertriglyceridemia and Pancreatitis [see Warnings and Precautions (5.1)]
- Gastrointestinal Obstruction [see Warnings and Precautions (5.2)]
- Vitamin K or Fat-Soluble Vitamin Deficiencies [see Warnings and Precautions (5.3)]

6.1 Clinical Studies Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in clinical studies of another drug and may not reflect the rates observed in practice.

Primary Hyperlipidemia

In 7 double-blind, placebo-controlled, clinical trials, 807 patients with primary hyperlipidemia (age range 18 to 86 years, 50% women, 90% Caucasians, 7% Blacks, 2% Hispanics, 1% Asians) and elevated LDL-C were treated with colessevelam hydrochloride 1.5 g/day to 4.5 g/day from 4 to 24 weeks (total exposure 199 patient-years).

Table 1: Clinical Studies of Colesevelam Hydrochloride for Primary Hyperlipidemia: Adverse Reactions Reported in $\geq 2\%$ of Patients and More Commonly than in Placebo

	Colesevelam Hydrochloride N = 807	Placebo N = 258
Constipation	11%	7%
Dyspepsia	8.3%	3.5%
Nausea	4.2%	3.9%
Accidental injury	3.7%	2.7%
Asthenia	3.6%	1.9%
Pharyngitis	3.2%	1.9%
Flu syndrome	3.2%	3.1%
Rhinitis	3.2%	3.1%
Myalgia	2.1%	0.4%

Pediatric Patients 10 to 17 Years of Age

In an 8-week double-blind, placebo-controlled study, boys and post-menarchal girls, 10 to 17 years of age, with HeFH (n=194), were treated with colessevelam hydrochloride tablets (1.9 to 3.8 g, daily) or placebo tablets.

Table 2: Clinical Study of Colesevelam Hydrochloride for Primary Hyperlipidemia in HeFH Pediatric Patients: Adverse Reactions Reported in $\geq 2\%$ of Patients and More Commonly than in Placebo

	Colesevelam Hydrochloride N = 129	Placebo N = 65
Nasopharyngitis	6.2%	4.6%
Headache	3.9%	3.1%
Fatigue	3.9%	1.5%
Creatine Phosphokinase Increase	2.3%	0%

Rhinitis	2.3%	0%
Vomiting	2.3%	1.5%

The reported adverse reactions during the additional 18-week open-label treatment period with colesevelam hydrochloride 3.8 g per day were similar to those during the double-blind period and included headache (7.6%), nasopharyngitis (5.4%), upper respiratory tract infection (4.9%), influenza (3.8%), and nausea (3.8%).

Hypertriglyceridemia

Colesevelam hydrochloride resulted in a median increase in serum TG of 5% compared to placebo (p=0.42) in a 24-week monotherapy lipid-lowering trial.

6.2 Post-marketing Experience

The following additional adverse reactions have been identified during post-approval use of colesevelam hydrochloride. Because these reactions are reported voluntarily from a population of uncertain size, it is generally not possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- *Adverse Reactions Resulting from Drug Interactions [see Drug Interactions (7)]:* Increased seizure activity or decreased phenytoin levels in patients receiving phenytoin, reduced International Normalized Ratio (INR) in patients receiving warfarin therapy and elevated thyroid-stimulating hormone (TSH) in patients receiving thyroid hormone replacement therapy.
- *Gastrointestinal:* Bowel obstruction (in patients with a history of bowel obstruction or resection), dysphagia or esophageal obstruction (occasionally requiring medical intervention), fecal impaction, pancreatitis, abdominal distension, exacerbation of hemorrhoids, and increased transaminases.
- *Laboratory Abnormalities:* Hypertriglyceridemia.

7 DRUG INTERACTIONS

7.1 Colesevelam Hydrochloride Drug Interactions that Decrease the Exposure of the Concomitant Medication

Table 4 includes a list of drugs that decrease exposure of the concomitant medication when administered concomitantly with colesevelam hydrochloride and instructions for preventing or managing them.

Table 4: Colesevelam Hydrochloride Drug Interactions that Decrease the Exposure of the Concomitant Medication

Drugs with a Narrow Therapeutic Index	
<i>Clinical Impact:</i>	Concomitant use with colesevelam hydrochloride may decrease the exposure of the narrow therapeutic index drug. <i>In vivo</i> drug interactions studies showed a decrease in exposure of cyclosporine when coadministered with colesevelam hydrochloride [see <i>Clinical Pharmacology (12.3)</i>].
<i>Intervention:</i>	Administer the narrow therapeutic index drug at least 4 hours prior to colesevelam hydrochloride. Monitor drug levels when appropriate.
<i>Examples:</i>	Cyclosporine

Phenytoin	
<i>Clinical Impact:</i>	There have been postmarketing reports of increased seizure activity or decreased phenytoin levels in patients receiving phenytoin [see <i>Adverse Reactions (6.2)</i>].
<i>Intervention:</i>	Administer phenytoin 4 hours prior to colessevelam hydrochloride.
Thyroid Hormone Replacement Therapy	
<i>Clinical Impact:</i>	<i>In vivo drug interactions studies showed a decrease in exposure of levothyroxine when coadministered with colessevelam hydrochloride [see Clinical Pharmacology (12.3)].</i> There have been postmarketing reports of elevated thyroid-stimulating hormone (TSH) in patients receiving thyroid hormone replacement therapy [see <i>Adverse Reactions (6.2)</i>].
<i>Intervention:</i>	Administer thyroid hormone replacement therapy 4 hours prior to colessevelam hydrochloride.
Warfarin	
<i>Clinical Impact:</i>	There have been postmarketing reports of reduced INR in patients receiving warfarin therapy [see <i>Adverse Reactions (6.2)</i>].
<i>Intervention:</i>	Monitor INR frequently during colessevelam hydrochloride initiation then periodically thereafter.
Oral Contraceptives Containing Ethinyl Estradiol and Norethindrone	
<i>Clinical Impact:</i>	<i>In vivo drug interactions studies showed a decrease in exposure of ethinyl estradiol and norethindrone when coadministered with colessevelam hydrochloride [see Clinical Pharmacology (12.3)].</i>
<i>Intervention:</i>	Administer oral contraceptives containing ethinyl estradiol and norethindrone 4 hours prior to colessevelam hydrochloride.
Olmesartan Medoxomil	
<i>Clinical Impact:</i>	<i>In vivo drug interactions studies showed a decrease in olmesartan medoxomil when coadministered with colessevelam hydrochloride [see Clinical Pharmacology (12.3)].</i>
<i>Intervention:</i>	Administer olmesartan medoxomil 4 hours prior to colessevelam hydrochloride.
Sulfonylureas	
<i>Clinical Impact:</i>	<i>In vivo drug interactions studies showed a decrease in sulfonylureas when coadministered with colessevelam hydrochloride [see Clinical Pharmacology (12.3)].</i>
<i>Intervention:</i>	Administer sulfonylureas 4 hours prior to colessevelam hydrochloride.
<i>Examples:</i>	Glimepiride, glipizide, and glyburide
Oral Vitamin Supplements	
<i>Clinical Impact:</i>	Colessevelam hydrochloride may decrease the absorption of fat-soluble vitamins A, D, E, and K [see <i>Warnings and Precautions (5.3)</i>].
<i>Intervention:</i>	Patients on oral vitamin supplementation should take their vitamins at least 4 hours prior to colessevelam hydrochloride.

7.2 Colesevelam Hydrochloride Drug Interactions that Increase the Exposure of the Concomitant Medication

Table 5: Colesevelam Hydrochloride Drug Interactions that Increase the Exposure of the Concomitant Medication

Metformin Extended-Release (ER)	
<i>Clinical Impact:</i>	<i>In vivo</i> drug interactions studies showed an increase in metformin extended release (ER) when coadministered with colesvelam hydrochloride [see <i>Clinical Pharmacology (12.3)</i>].
<i>Intervention:</i>	Monitor patients' glycemic control.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Colesevelam hydrochloride is not absorbed systemically following oral administration, and maternal use is not expected to result in fetal exposure to the drug. Limited available data on the use of colesvelam hydrochloride are insufficient to determine a drug-associated risk of major congenital malformations or miscarriage. In animal reproduction studies, no evidence of either maternal or fetal toxicity was found in rats or rabbits exposed to colesvelam hydrochloride during the period of fetal organogenesis at 8 and 5 times, respectively, the maximum recommended human dose (MRHD) of 3.75 g/day, based on body surface area (mg/m^2). No adverse effects on offspring survival and development were observed in rats administered 5 times the MRHD (*see Data*).

Colesevelam hydrochloride may decrease the absorption of fat-soluble vitamins [see *Warnings and Precautions (5.3)*]. There are no data available on the effect of colesvelam hydrochloride on the absorption of fat-soluble vitamins in pregnant women. If the patient becomes pregnant while taking colesvelam hydrochloride, the patient should be advised of the lack of known clinical benefit with continued use during pregnancy.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Human Data

There are no adequate and well-controlled studies of colesvelam hydrochloride use in pregnant women.

In the postmarketing setting there have been infrequent reports of pregnancy with use of colesvelam hydrochloride and a causal association with congenital anomalies has not been established.

Animal Data

In pregnant rats given dietary doses of 0.3, 1, 3 g/kg/day colesvelam hydrochloride from gestation days 7 through 17, no teratogenic effects were observed. Exposures at 3 g/kg/day were 8 times the human exposure at 3.75 g/day MRHD, based on body surface area (mg/m^2).

In pregnant rabbits given an oral gavage doses of 0.1, 0.5, 1 g/kg/day colesvelam hydrochloride from gestation days 6 through 18, no teratogenic effects were observed. Exposures at 1 g/kg/day were 5 times the human exposure at 3.75 g/day MRHD, based

on body surface area (mg/m²).

In pregnant rats given an oral gavage doses of 0.1, 0.3, 1 g/kg/day colesevelam hydrochloride from gestation day 6 through lactation day 21 (weaning), no adverse effects on survival and development were observed. Exposures at 1 g/kg/day were 5 times the human exposure at 3.75 g/day MRHD, based on body surface area (mg/m²).

8.2 Lactation

Risk Summary

Colesevelam hydrochloride is not absorbed systemically by the mother following oral administration, and breastfeeding is not expected to result in exposure of the child to colesevelam hydrochloride.

8.3 Females and Males of Reproductive Potential

Contraception

Use of colesevelam hydrochloride may reduce the efficacy of oral contraceptives. Advise patients to take oral contraceptives at least 4 hours prior to taking colesevelam hydrochloride [see *Drug Interactions (7)*].

8.4 Pediatric Use

The safety and effectiveness of colesevelam hydrochloride as monotherapy or in combination with a statin were evaluated in children, 10 to 17 years of age, with HeFH [see *Clinical Studies (14.1)*]. The adverse reaction profile was similar to that of patients treated with placebo. In this limited controlled study, there were no significant effects on growth, sexual maturation, fat-soluble vitamin levels or clotting factors in the adolescent boys or girls relative to placebo [see *Adverse Reactions (6.1)*].

Due to tablet size, colesevelam hydrochloride for oral suspension is recommended for use in the pediatric population. Dose adjustments are not required when colesevelam hydrochloride is administered to children 10 to 17 years of age.

Colesevelam hydrochloride has not been studied in children younger than 10 years of age or in premenarchal girls.

8.5 Geriatric Use

Primary Hyperlipidemia

Of the 1350 patients enrolled in the hyperlipidemia clinical studies, 349 (26%) were ≥65 years old, and 58 (4%) were ≥75 years old. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

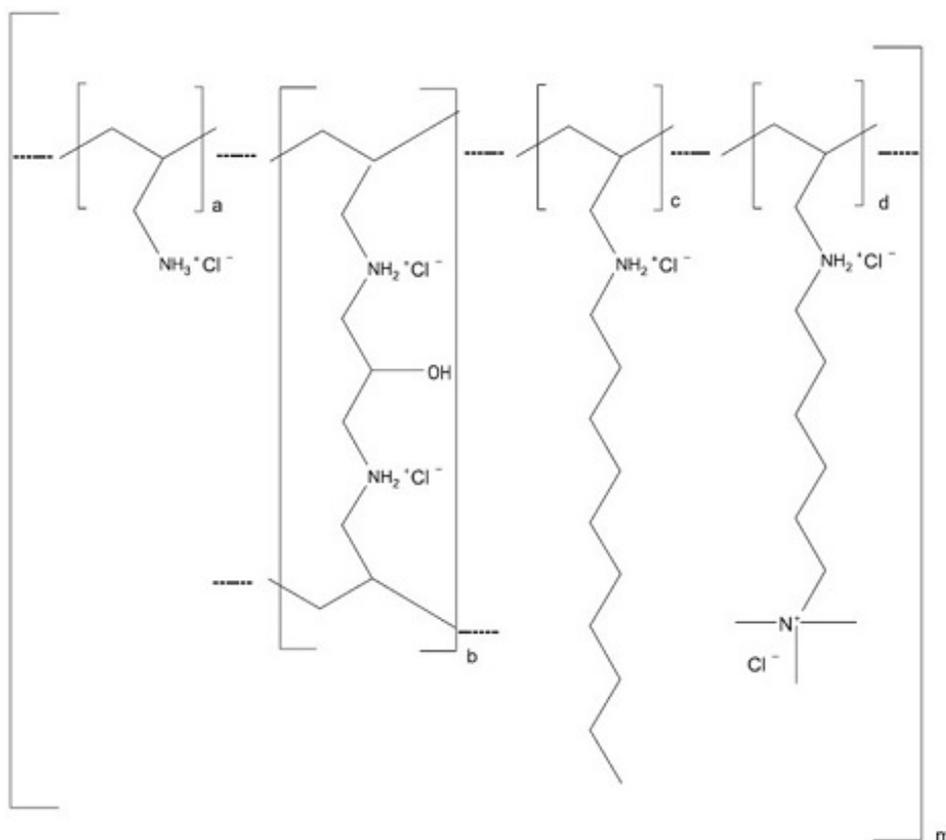
10 OVERDOSAGE

Colesevelam hydrochloride is not absorbed and the risk of systemic toxicity is low. Excessive doses of colesevelam hydrochloride may cause more severe local gastrointestinal effects (e.g., constipation).

11 DESCRIPTION

Colesevelam hydrochloride is a non-absorbed, polymeric, lipid-lowering agent for oral administration. Colesevelam hydrochloride is a high-capacity bile acid-binding molecule.

Colesevelam hydrochloride is poly(allylamine hydrochloride) cross-linked with epichlorohydrin and alkylated with 1-bromodecane and (6-bromohexyl)-trimethylammonium bromide. The chemical name (IUPAC) of colesevelam hydrochloride is 1-Hexaminium, N,N,N-Trimethyl-6-(2-propenylamino)-, chloride, polymer with (chloromethyl) oxirane, 2-propen-4-amine and N-2-propenyl-1-decanamine, hydrochloride. The chemical structure of colesevelam hydrochloride is represented by the following formula:



wherein (a) represents allyl amine monomer units that have not been alkylated by either of the 1-bromodecane or (6-bromohexyl)-trimethylammonium bromide alkylating agents or cross-linked by epichlorohydrin; (b) represents allyl amine units that have undergone cross-linking with epichlorohydrin; (c) represents allyl amine units that have been alkylated with a decyl group; (d) represents allyl amine units that have been alkylated with a (6-trimethylammonium) hexyl group, and m represents a number ≥ 100 to indicate an extended polymer network. A small amount of the amines are dialkylated and are not depicted in the formula above. No regular order of the groups is implied by the structure; cross-linking and alkylation are expected to occur randomly along the polymer chains. A large amount of the amines are protonated. The polymer is depicted in the hydrochloride form; a small amount of the halides are bromide. Colesevelam hydrochloride is hydrophilic and insoluble in water.

Colesevelam hydrochloride tablets are off-white to pale yellow capsule shaped, biconvex, film-coated tablets each containing 625 mg colesevelam hydrochloride. In addition, each tablet contains the following inactive ingredients: colloidal silicon dioxide, diacetylated monoglycerides, hypromellose, magnesium stearate, microcrystalline cellulose, and pregelatinized starch. The tablets are imprinted using a water-soluble black ink which contains ammonium hydroxide, ferric oxide black, propylene glycol and shellac.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Primary Hyperlipidemia: Colesevelam hydrochloride, the active pharmaceutical ingredient in colesevelam hydrochloride tablets, is a non-absorbed, lipid-lowering polymer that binds bile acids in the intestine, impeding their reabsorption. As the bile acid pool becomes depleted, the hepatic enzyme, cholesterol 7- α -hydroxylase, is upregulated, which increases the conversion of cholesterol to bile acids. This causes an increased demand for cholesterol in the liver cells, resulting in the dual effect of increasing transcription and activity of the cholesterol biosynthetic enzyme, HMG-CoA reductase, and increasing the number of hepatic LDL receptors. These compensatory effects result in increased clearance of LDL-C from the blood, resulting in decreased serum LDL-C levels. Serum TG levels may increase or remain unchanged.

12.2 Pharmacodynamics

A maximum therapeutic response to the lipid-lowering effects of colesevelam hydrochloride was achieved within 2 weeks and was maintained during long-term therapy.

12.3 Pharmacokinetics

Absorption

Colesevelam hydrochloride is a hydrophilic, water-insoluble polymer that is not hydrolyzed by digestive enzymes and is not absorbed.

Distribution

Colesevelam hydrochloride is not absorbed, and therefore, its distribution is limited to the gastrointestinal tract.

Elimination

Metabolism

Colesevelam hydrochloride is not metabolized systemically and does not interfere with systemic drug-metabolizing enzymes such as cytochrome P450.

Excretion

In 16 healthy volunteers, an average of 0.05% of administered radioactivity from a single ¹⁴C-labeled colesevelam hydrochloride dose was excreted in the urine.

Drug Interaction Studies

Drug interactions between colesevelam and concomitantly administered drugs were screened through *in vitro* studies and confirmed in *in vivo* studies. *In vitro* studies demonstrated that cephalixin, metformin, and ciprofloxacin had negligible binding to colesevelam hydrochloride. Therefore, an *in vivo* pharmacokinetic interaction of

colesevelam hydrochloride with these drugs is unlikely. Colesevelam hydrochloride was found to have no significant effect on the bioavailability of aspirin, atenolol, digoxin, enalapril, fenofibrate, lovastatin, metoprolol, phenytoin, pioglitazone, quinidine, rosiglitazone, sitagliptin, valproic acid, and warfarin. The results of additional *in vivo* drug interactions of colesevelam hydrochloride are presented in Table 6.

Table 6: Mean Change in Drug Exposure (AUC_{0 to ∞} and C_{max}) when Administered with Colesevelam Hydrochloride (3.75 g) *

Drug	Dose	Co-administered		1 hr prior to Colesevelam Hydrochloride		4 hrs prior to Colesevelam Hydrochloride	
		AUC _{0 to ∞}	C _{max}	AUC _{0 to ∞}	C _{max}	AUC _{0 to ∞}	C _{max}
Cyclosporine	200 mg	-34%	-44%	N/A	N/A	N/A	N/A
Ethinyl Estradiol †	0.035 mg	-24%	-24%	-18%	-1%	-12%	0%
Glimepiride	4 mg	-18%	-8%	N/A	N/A	-6%	3%
Glipizide	20 mg	-12%	-13%	N/A	N/A	-4%	0%
Glyburide	3 mg	-32%	-47%	-20%	-15%	-7%	4%
Levothyroxine	600 mcg	-22%	-33%	6%	-2%	1%	8%
Metformin ER	1500 mg	44%	8%	N/A	N/A	N/A	N/A
Norethindrone ²	1 mg	-1%	-20%	5%	-3%	6%	7%
Olmesartan Medoxomil	40 mg	-39%	-28%	N/A	N/A	-15%	-4%
Repaglinide	2 mg	-7%	-19%	-6%	-1%	N/A	N/A
Verapamil sustained-release	240 mg	-31%	-11%	N/A	N/A	N/A	N/A

* With verapamil, the dose of colesevelam hydrochloride was 4.5 g

† Oral contraceptive containing norethindrone and ethinyl estradiol

N/A - Not Available

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

A 104-week carcinogenicity study with colesevelam hydrochloride was conducted in CD-1 mice, at oral dietary doses up to 3 g/kg/day. This dose was approximately 50 times the maximum recommended human dose of 4.5 g/day, based on body weight, mg/kg. There were no significant drug-induced tumor findings in male or female mice. In a 104-week carcinogenicity study with colesevelam hydrochloride in Harlan Sprague-Dawley rats, a statistically significant increase in the incidence of pancreatic acinar cell adenoma was seen in male rats at doses >1.2 g/kg/day (approximately 20 times the maximum human dose, based on body weight, mg/kg) (trend test only). A statistically significant increase in thyroid C-cell adenoma was seen in female rats at 2.4 g/kg/day (approximately 40

times the maximum human dose, based on body weight, mg/kg).

Mutagenesis

Colesevelam hydrochloride and 4 degradants present in the drug substance have been evaluated for mutagenicity in the Ames test and a mammalian chromosomal aberration test. The 4 degradants and an extract of the parent compound did not exhibit genetic toxicity in an *in vitro* bacterial mutagenesis assay in *S. typhimurium* and *E. coli* (Ames assay) with or without rat liver metabolic activation. An extract of the parent compound was positive in the Chinese Hamster Ovary (CHO) cell chromosomal aberration assay in the presence of metabolic activation and negative in the absence of metabolic activation. The results of the CHO cell chromosomal aberration assay with 2 of the 4 degradants, decylamine HCl and aminohexyltrimethyl ammonium chloride HCl, were equivocal in the absence of metabolic activation and negative in the presence of metabolic activation. The other 2 degradants, didecylamine HCl and 6-decylamino-hexyltrimethyl ammonium chloride HCl, were negative in the presence and absence of metabolic activation.

Impairment of Fertility

Colesevelam hydrochloride did not impair fertility in rats at doses up to 3 g/kg/day (approximately 50 times the maximum human dose, based on body weight, mg/kg).

13.2 Animal Toxicology and/or Pharmacology

Reproductive Toxicology Studies

Reproduction studies have been performed in rats and rabbits at doses up to 3 g/kg/day and 1 g/kg/day, respectively (approximately 50 and 17 times the maximum human dose, based on body weight, mg/kg) and have revealed no evidence of harm to the fetus due to colesevelam hydrochloride.

14 CLINICAL STUDIES

14.1 Primary Hyperlipidemia

Colesevelam hydrochloride reduces total cholesterol (TC), LDL-C, apolipoprotein B (Apo B), and non-high-density lipoprotein cholesterol (non-HDL-C) when administered alone or in combination with a statin in patients with primary hyperlipidemia.

Approximately 1600 patients were studied in 9 clinical trials with treatment durations ranging from 4 to 50 weeks. With the exception of one open-label, uncontrolled, long-term extension study, all studies were multicenter, randomized, double-blind, and placebo-controlled. A maximum therapeutic response to colesevelam hydrochloride was achieved within 2 weeks and was maintained during long-term therapy.

Monotherapy

In a study in patients with LDL-C between 130 mg/dL and 220 mg/dL (mean 158 mg/dL), colesevelam hydrochloride was given for 24 weeks in divided doses with the morning and evening meals.

As shown in Table 7, the mean LDL-C reductions were 15% and 18% at the 3.8 g and 4.5 g doses. The respective mean TC reductions were 7% and 10%. The mean Apo B reductions were 12% in both treatment groups. Colesevelam hydrochloride at both doses increased HDL-C by 3%. Increases in TG of 9 to 10% were observed at both colesevelam hydrochloride doses, but the changes were not statistically different from

placebo.

Table 7: Response to Colesevelam Hydrochloride Monotherapy in a 24-Week Trial-Percent Change in Lipid Parameters from Baseline

Grams/Day	N	TC	LDL-C	Apo B	HDL-C*	Non-HDL-C	TG*
Placebo	88	+1	0	0	-1	+1	+5
3.8 g (6 tablets)	95	-7 †	-15 †	-12 †	+3 †	-10 †	+10
4.5 g (7 tablets)	94	-10 †	-18 †	-12 †	+3	-13 †	+9

* Median % change from baseline.

† p <0.05 for lipid parameters compared to placebo, for Apo B compared to baseline.

In a study in 98 patients with LDL-C between 145 mg/dL and 250 mg/dL (mean 169 mg/dL), colesevelam hydrochloride 3.8 g was given for 6 weeks as a single dose with breakfast, as a single dose with dinner, or as divided doses with breakfast and dinner. The mean LDL-C reductions were 18%, 15%, and 18% for the 3 dosing regimens, respectively. The reductions with these 3 regimens were not statistically different from one another.

Combination Therapy

Co-administration of colesevelam hydrochloride and a statin (atorvastatin, lovastatin, or simvastatin) in 3 clinical studies demonstrated an additive reduction of LDL-C. The mean baseline LDL-C was 184 mg/dL in the atorvastatin study (range 156 to 236 mg/dL), 171 mg/dL in the lovastatin study (range 115 to 247 mg/dL), and 188 mg/dL in the simvastatin study (range 148 to 352 mg/dL). As demonstrated in Table 8, colesevelam hydrochloride doses of 2.3 g to 3.8 g resulted in an additional 8% to 16% reduction in LDL-C above that seen with the statin alone.

Table 8: Response to Colesevelam Hydrochloride in Combination with Atorvastatin, Simvastatin, or Lovastatin Percent Change in Lipid Parameters

Dose/Day	N	TC	LDL-C	Apo B	HDL-C*	Non-HDL-C	TG*
Atorvastatin Trial (4-week)							
Placebo	19	+4	+3	-3	+4	+4	+10
Atorvastatin 10 mg	18	-27 †	-38 †	-32 †	+8	-35 †	-24 †
Colesevelam Hydrochloride 3.8 g/ Atorvastatin 10 mg	18	-31 †	-48 †	-38 †	+11	-40 †	-1
Atorvastatin 80 mg	20	-39 †	-53 †	-46 †	+6	-50 †	-33 †
Simvastatin Trial (6-week)							
Placebo	33	-2	-4	-4 †	-3	-2	+6 †
Simvastatin 10 mg	35	-19 †	-26 †	-20 †	+3 †	-24 †	-17 †
Colesevelam Hydrochloride 3.8 g/ Simvastatin 10 mg	34	-28 †	-42 †	-33 †	+10 †	-37 †	-12 †
Simvastatin 20 mg	39	-23 †	-34 †	-26 †	+7 †	-30 †	-12 †
Colesevelam Hydrochloride	37	-29 †	-42 †	-32 †	+4 †	-37 †	-12 †

2.3 g/ Simvastatin 20 mg							
Lovastatin Trial (4-week)							
Placebo	26	+1	0	0	+1	+1	+1
Lovastatin 10 mg	26	-14 †	-22 †	-16 †	+5	-19 †	0
Colesevelam Hydrochloride 2.3 g/ Lovastatin 10 mg Together	27	-21 †	-34 †	-24 †	+4	-27 †	-1
Colesevelam Hydrochloride 2.3 g/ Lovastatin 10 mg Apart	23	-21 †	-32 †	-24 †	+2	-28 †	-2

* Median % change from baseline.

† p <0.05 for lipid parameters compared to placebo, for Apo B compared to baseline.

In all 3 studies, the LDL-C reduction achieved with the combination of colesevelam hydrochloride and any given dose of statin therapy was statistically superior to that achieved with colesevelam hydrochloride or that dose of the statin alone. The LDL-C reduction with atorvastatin 80 mg was not statistically significantly different from the combination of colesevelam hydrochloride 3.8 g and atorvastatin 10 mg.

Pediatric Therapy

The safety and efficacy of colesevelam hydrochloride in pediatric patients were evaluated in an 8-week, multi-center, randomized, double-blind, placebo-controlled, parallel-group study followed by an open-label phase, in 194 boys and postmenarchal girls 10 to 17 years of age (mean age 14.1 years) with HeFH, taking a stable dose of an FDA-approved statin (with LDL-C >130 mg/dL) or naïve to lipid-lowering therapy (with LDL-C >160 mg/dL). This study had 3 periods: a single-blind, placebo stabilization period; an 8-week, randomized, double-blind, parallel-group, placebo-controlled treatment period; and an 18-week, open-label treatment period. Forty-seven (24%) patients were taking statins and 147 (76%) patients were statin-naïve at screening. The mean baseline LDL-C at Day 1 was approximately 199 mg/dL.

During the double-blind treatment period, patients were assigned randomly to treatment: colesevelam hydrochloride 3.8 g/day (n=64), colesevelam hydrochloride 1.9 g/day (n=65), or placebo (n=65). In total, 186 patients completed the double-blind treatment period. After 8 weeks of treatment, colesevelam hydrochloride 3.8 g/day significantly decreased plasma levels of LDL-C, non-HDL-C, TC, and Apo B and significantly increased HDL-C. A moderate, non-statistically significant increase in TG was observed versus placebo (Table 9).

Table 9: Response to Colesevelam Hydrochloride 3.8 g Compared to Placebo in Pediatric Patients 10 to 17 Years of Age - Mean Percent Change in Lipid Parameters from Baseline to Week 8

Treatment Difference	TC (N=128)	LDL-C (N=128)	Apo B (N=124)	HDL-C (N=128)	Non-HDL-C (N=128)	TG* (N=128)
Colesevelam Hydrochloride 3.8 g vs Placebo	-7 †	-13 †	-8 †	+6 †	-11 †	+5

* For triglycerides, median % change from baseline.

† $p \leq 0.05$ for lipid parameters compared to placebo

During the open-label treatment period patients were treated with colessevelam hydrochloride 3.8 g/day. In total, 173 (89%) patients completed 26 weeks of treatment. Results at Week 26 were consistent with those at Week 8.

16 HOW SUPPLIED/STORAGE AND HANDLING

Colesevelam hydrochloride tablets, 625 mg are supplied as off-white to pale yellow, capsule shaped, biconvex film-coated tablets imprinted with 'G433' on one side and plain on the other side. Colesevelam hydrochloride tablets are available as follows:

- Unit dose packages of 30 (5 x 6) NDC 60687-621-25

Storage: Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature]. Protect from moisture and store in a dry place.

FOR YOUR PROTECTION: Do not use if blister is torn or broken.

17 PATIENT COUNSELING INFORMATION

Hypertriglyceridemia and Pancreatitis

Inform patients that colessevelam hydrochloride may increase their serum triglycerides which can lead to hypertriglyceridemia and pancreatitis. Instruct patients to discontinue colessevelam hydrochloride tablets and seek prompt medical attention if the symptoms of acute pancreatitis occur (e.g., severe abdominal pain with or without nausea and vomiting) [see *Warnings and Precautions (5.1)*].

Gastrointestinal

Inform patients that colessevelam hydrochloride may cause bowel obstruction. Instruct patients to promptly discontinue colessevelam hydrochloride tablets and seek medical attention if severe abdominal pain or severe constipation occurs [see *Warnings and Precautions (5.2)*].

Drug and Vitamin Interactions

Advise patients that colessevelam hydrochloride has drug interactions and colessevelam hydrochloride may decrease the absorption of fat-soluble vitamins A, D, E, and K. Instruct patients to take oral vitamins at least 4 hours prior to colessevelam hydrochloride tablets. Instruct patients to inform their physician about all the drugs and vitamins that they are prescribed or take over the counter [see *Warnings and Precautions (5.3) and Drug Interactions (7)*].

Hypertriglyceridemia and Cardiovascular Disease

Inform patients that colessevelam hydrochloride may increase serum triglycerides and that the long-term effect of hypertriglyceridemia on the risk of coronary artery disease is uncertain [see *Warnings and Precautions (5.1)*].

Administration [see *Dosage and Administration (2.4)*]:

Advise patients to take colessevelam hydrochloride tablets with a meal and liquid. Inform patients that colessevelam hydrochloride tablets can be taken as 6 tablets once daily or 3 tablets twice daily.

Females of Reproductive Potential

Advise females of reproductive potential that colesevelam hydrochloride may reduce the effectiveness of oral contraceptives, and to take oral contraceptives at least 4 hours before taking colesevelam hydrochloride [see *Drug Interactions (7) and Use in Specific Populations (8.3)*].

PACKAGING INFORMATION

American Health Packaging unit dose blisters (see HOW SUPPLIED section) contain drug product from Glenmark Pharmaceuticals Inc., USA as follows:
(625 mg / 30 UD) NDC 60687-621-25 packaged from NDC 68462-433

Distributed by:

American Health Packaging

Columbus, OH 43217

8462125/0621F

Package/Label Display Panel - Carton - 625 mg

NDC 60687-**621**-25

**Colesevelam
Hydrochloride**

Tablets

625 mg

30 Tablets (5 x 6)

Rx Only



(01) 0 03 60687 621 25 8

NDC 60687-**621**-25

**Colesevelam
Hydrochloride**

Tablets

625 mg

30 Tablets (5 x 6)

Rx Only

Each Film-Coated Tablet Contains:

Colesevelam hydrochloride 625 mg

Usual Dosage: See package insert for full prescribing information.

Store at 20° to 25°C (68° to 77°F); excursions permitted between 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature]. Protect from moisture and store in a dry place.

Keep this and all drugs out of reach of children.

FOR YOUR PROTECTION: Do not use if blister is torn or broken.

The drug product contained in this package is from NDC # 68462-433, Glenmark Pharmaceuticals Inc., USA

Distributed by:
American Health Packaging
Columbus, Ohio 43217

762125
0462125/0621

NDC 60687- **621**-25

**Colesevelam
Hydrochloride**

Tablets

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Distributed by:
American Health Packaging
Columbus, Ohio 43217

762125
0462125/0621

Package/Label Display Panel - Blister - 625 mg



Colesevelam
Hydrochloride
Tablet

625 mg

COLESEVELAM HYDROCHLORIDE

colesevelam hydrochloride tablet, film coated

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:60687-621(NDC:68462-433)
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
COLESEVELAM HYDROCHLORIDE (UNII: P4SG24W5Q) (COLESEVELAM - UNII:1XU104G55N)	COLESEVELAM HYDROCHLORIDE	625 mg

Inactive Ingredients

Ingredient Name	Strength
SILICON DIOXIDE (UNII: ETJ7Z6XBU4)	
DIACETYLATED MONOGLYCERIDES (UNII: 5Z17386USF)	

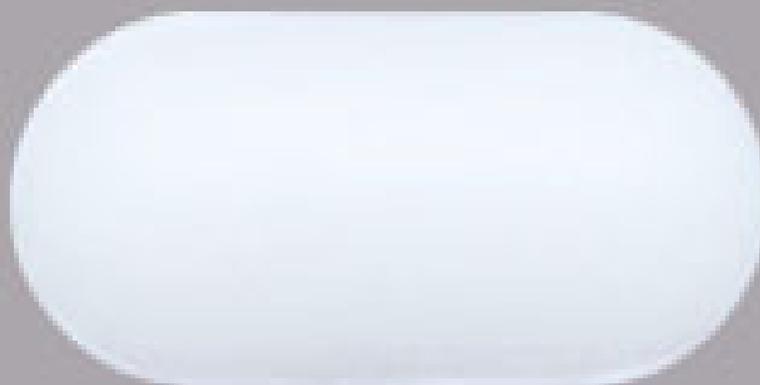
HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29V3WO)	
MAGNESIUM STEARATE (UNII: 70097M6I3O)	
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)	
STARCH, CORN (UNII: O8232NY3SJ)	
AMMONIA (UNII: 5138Q19F1X)	
FERROSFERRIC OXIDE (UNII: XM0M87F357)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
SHELLAC (UNII: 46N107B71O)	

Product Characteristics

Color	white (off-white to pale yellow)	Score	no score
Shape	CAPSULE (capsule shaped)	Size	19mm
Flavor		Imprint Code	G433
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:60687-621-25	30 in 1 BOX, UNIT-DOSE	11/01/2021	
1	NDC:60687-621-95	1 in 1 BLISTER PACK; Type 0: Not a Combination Product		



Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA203480	11/01/2021	

Labeler - American Health Packaging (929561009)

Establishment

Name	Address	ID/FEI	Business Operations
American Health Packaging		929561009	repack(60687-621)

Revised: 10/2021

American Health Packaging