Trulance (plecanatide)



New Product Slideshow



Introduction

- Brand name: Trulance
- Generic name: Plecanatide
- Pharmacological class: Guanylate cyclase-C agonist
- Strength and Formulation: 3mg; tablets
- Manufacturer: Synergy
- How supplied: Bottle—30
- Legal Classification: Rx

Trulance



Indications

Chronic idiopathic constipation (CIC)

Dosage & Administration

 Swallow whole; if difficulties in swallowing, may crush and mix in applesauce or water; may also give via NG or gastric feeding tube

■ ≥18yrs: 3mg once daily

Considerations for Special Populations

- Pregnancy: Insufficient data to inform any drug-associated risks for major birth defects and miscarriage
- Nursing mothers: Consider maternal need and any potential adverse effects on infant
- Pediatric: <18yrs: not established</p>
 - <6yrs: contraindicated</p>
 - 6-<18yrs: avoid</p>
- Elderly: Insufficient number of subjects included in studies

Contraindications

Children <6 years old</p>

Known or suspected mechanical GI obstruction

Warnings/Precautions

 Suspend dosing and rehydrate if severe diarrhea occurs

Pregnancy

Nursing mothers

Adverse Reactions

- Diarrhea (may be severe)
- Sinusitis
- Upper respiratory tract infection
- Abdominal distension
- Flatulence
- Abdominal tenderness
- Increased liver enzymes

Mechanism of Action

- Plecanatide functions as a guanylate cyclase-C (GC-C) agonist
- Activation of GC-C results in an increase in both intracellular and extracellular concentrations cGMP
- Elevation of intracellular cGMP stimulates secretion of chloride and bicarbonate into the intestinal lumen, mainly through activation of the CFTR ion channel, resulting in increased intestinal fluid and accelerated transit

- The efficacy of Trulance was established in two, 12-week, double-blind, placebocontrolled, randomized, multicenter clinical studies in adults (Study 1 and 2)
- A total of 905 patients (Study 1) and 870 patients (Study 2) were randomized to either placebo or Trulance 3mg once daily

- Eligible patients had to meet modified Rome III criteria for ≥3 months prior to the screening visit with symptom onset for ≥6 months prior to diagnosis
- Patients also had to report ≥ 2 of the following:
 - Straining during \geq 25% of defecations
 - Lumpy or hard stool in \geq 25% of defecations
 - Sensation of incomplete evacuations for ≥25% of defecations
 - Sensation of anorectal obstruction/blockage for ≥25% of defecations

 The efficacy of Trulance was assessed using a responder analysis and change-frombaseline in complete spontaneous bowel movement (CSBM) and SBM endpoints

 Efficacy was assessed using information provided by patients on a daily basis in an electronic diary

A responder was defined as a patient who had ≥3 CSBMs in a given week and an increase of ≥1 CSBM from baseline in the same week for ≥9 weeks out of the 12 week treatment period and ≥3 of the last 4 weeks of the study

- In Study 1, 21% of Trulance-treated patients were responders vs. 10% of placebo-treated patients
 - Treatment difference 11% (95% CI: 6.1%, 15.4%)
- In Study 2, 21% of Trulance-treated patients were responders vs. 13% of placebo-treated patients
 - Treatment difference 8% (95% CI: 2.6%, 12.4%)

 Over the 12-week treatment period, improvements were seen in stool frequency (number of CSBMs/week and SBMs/week) and/or stool consistency, and/or in the amount of straining with bowel movements in the Trulance group vs. placebo group

 For more clinical trial data, see full labeling

New Product Monograph

 For more information view the product monograph available at:

http://www.empr.com/trulance/drug/34675/