Revestive®▼ (teduglutide) in adult patients with short bowel syndrome with intestinal failure (SBS-IF)[1]

Revestive is indicated for the treatment of patients 4 months corrected gestational age and above with Short Bowel Syndrome (SBS). Patients should be stable following a period of intestinal adaptation after surgery.[1]

Adverse events should be reported.
Reporting forms and information can be found at:
www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to Takeda at:
AE.GBR-IRL@takeda.com

Prescribing information for the United Kingdom can be found by scanning this QR code or by visiting www.emcpi.com/grp/60.

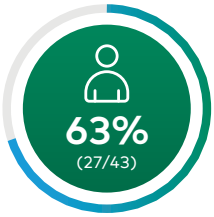
Revestive®▼
powder and solvent for solution for injection
teduglutide

C-APROM/GB/REV/0276 | March 2025

Pivotal Phase 3 studies: Overview

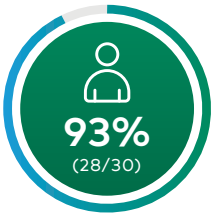
Revestive delivered sustained reductions in PN/IV[2,3]

STEPS:[2]
A randomised, placebo-controlled Phase 3 trial including 86 adult patients with SBS-IF[2]



63% (27/43) of patients on Revestive achieved ≥20% reduction from baseline in weekly PN/IV volume up to 24 weeks, vs 30% of patients on placebo (13/43) (primary endpoint)[2]

STEPS-2:[3]
A two-year, open-label extension study of STEPS[3]



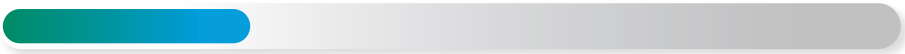
93% (28/30) of patients completing 30 months of Revestive treatment achieved ≥20% reduction from baseline in PN/IV volume[3]

STEPS-2:[3]

Revestive may give some patients daily freedom from PN/IV[3]

Of patients completing 30 months of treatment:[3]

33% (10/30) achieved **complete independence** from PN/IV

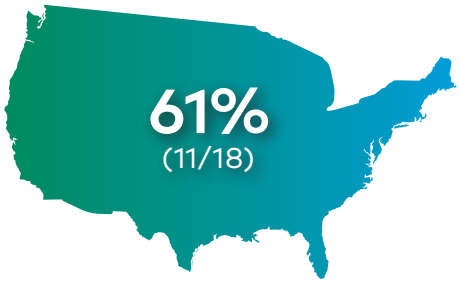


60% (18/30) achieved **three days or more/week** off PN/IV

70% (21/30) achieved **one day(s) or more/week** off PN/IV

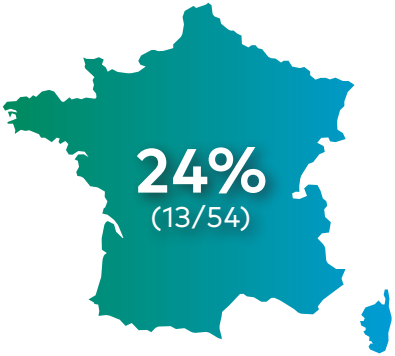
Real-world evidence

Some patients also achieved PN/IV independence taking Revestive in real-world studies[4-6]



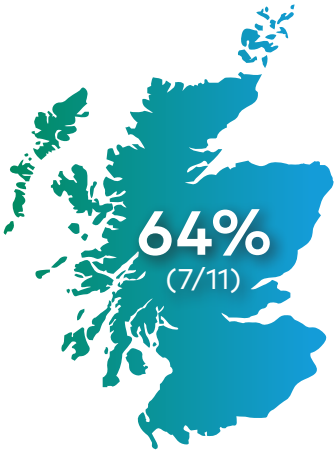
US: Single-centre, retrospective analysis of adult patients with SBS-IF on Revestive (N=18):[4]

61% (11/18) of patients achieved **complete PN/IV independence** at a median time of 10 months (range: 3–36 months)[4]



France: Multi-centre, retrospective study of adult patients with SBS-IF on Revestive (N=54):[5]

24% (13/54) of patients achieved **complete independence from PN/IV** at Week 24[5]



Scotland: Single-centre, retrospective analysis of patients with SBS-cIF on Revestive (N=11):[6]

64% (7/11) of patients achieved either an **HPS reduction >1.5L/day or >20% reduction in equivalent daily volumes** at 6 months[6]

Safety

Very common adverse events (≥1/10) include respiratory tract infection, headache, abdominal distension and pain, nausea, vomiting, injection-site reaction and gastrointestinal stoma complication.[1] **Please refer to the Summary of Product Characteristics for a full list of AEs.**

Overall long-term treatment (30 months) with Revestive was generally well tolerated:[3]

- 95% (84/88) experienced mild/moderate TEAEs[3]
- 10% (9/88) experienced treatment-related SAEs[3]

Real-world evidence:

- Most common adverse events include abdominal pain, stoma enlargement, nausea, flatulence and injection-site tenderness[4–6]

Takeda provides a fully funded comprehensive homecare service, delivered by HealthNet or Sciensus.

To find out more information, please reach out to:

Charlie Reed
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Mobile: 07468698576

For further information on SBS-IF materials (e.g. patient diaries), please visit: **uk.sbs.if@takeda.com, or scan the QR code on the right. This Takeda website is for healthcare professionals only.**

AE, adverse event; **HPS**, home parenteral support; **PN/IV**, parenteral nutrition/intravenous fluid; **SAE**, serious adverse event; **SBS**, short bowel syndrome; **SBS-IF**, short bowel syndrome with intestinal failure; **SBS-cIF,** short bowel syndrome with chronic intestinal failure; **TEAE**, treatment-emergent adverse event.

References: 1. Revestive 5 mg Summary of Product Characteristics; **2**. Jeppesen PB, et al. *Gastroenterol* 2012;143:1473–1481; **3**. Schwartz LK, et al. *Clin Transl Gastroenterol* 2016;7:e142; **4**. Lam K, et al. *J Parenter Enteral Nutr* 2018;42:225–230; **5**. Joly F, et al. *Clin Nutr* 2020;39:2856–2862 ; **6**. Stevens P, et al. *Frontline Gastroenterol* 2025;0:1—13.