







Chapter 1. Gastro-intestinal System

Contents

- [1.1 Dyspepsia and gastro-oesophageal reflux](#)
- [1.2 Antispasmodics and other drugs altering gut motility](#)
- [1.3 Antisecretory drugs and mucosal protectants](#)
- [1.4 Acute diarrhoea](#)
- [1.5 Chronic bowel disorders](#)
- [1.6 Laxatives](#)
- [1.7 Local preparations for anal and rectal disorders](#)
- [1.8 Stoma care](#)
- [1.9 Drugs affecting intestinal secretions](#)

For cost information please go to the most recent cost comparison charts

Key

	Red drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
	Amber drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
	Green drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
	If a medicine is unlicensed this should be highlighted in the template as follows Drug name U
	Not Recommended
	Over the Counter
Order of Drug Choice	Where there is no preferred 1 st line agent provided, the drug choice appears in alphabetical order.

BNF chapter	1	Gastro-intestinal system
Section	1.1	Dyspepsia and gastro-oesophageal reflux disease
Subsection	1.1.1	Antacids and simeticone
First choice	Co-magaldrox Suspension ^{SF} 195/220 (low sodium, bowel neutral)	
Subsection	1.1.2	Compound Alginates and proprietary indigestion preparation
First choice	Peptac[®] or Acidex[®] Suspension ^{SF} (Contains 6.2 mmol, 6.0 mmol of sodium in 10ml respectively)	
Alternative	Gaviscon[®] Advance Liquid (Contains 4.6 mmol of sodium in 10ml, plus 2 mmol of potassium)	Lower sodium content, but more expensive
Additional notes Alginate containing products have low acid suppressant activity and should be reserved for patients with reflux symptoms.		

BNF chapter	1	Gastro-intestinal system
Section	1.2	Antispasmodics and other drugs altering gut motility
Antimuscarinics		
First choice	Mebeverine Tablets 135mg	NICE CG61: IBS in adults
Alternatives	Hyoscine butylbromide Tablets 10mg	
	Peppermint oil Capsules	Mintec® best value option
	Alverine citrate Capsules 60mg, 120mg	
Motility stimulants (see section 4.6)		
First choice	Metoclopramide Tablets 10mg	MHRA Safety Update 2013: metoclopramide
Alternatives	Domperidone Tablets 10mg	MHRA Safety update 2014: domperidone
Additional Notes		
For abdominal cramps, antispasmodics are of limited clinical benefit but are occasionally used. The drug with the lowest acquisition cost should be used.		

BNF chapter	1	Gastro-intestinal system
Section	1.3	Antisecretory drugs and mucosal protectants
Helicobacter pylori eradication regimes		
First choice regimes		
<p>Lansoprazole 30 mg twice daily or Omeprazole 20 mg twice daily + Amoxicillin 1 g twice daily + Clarithromycin 500 mg twice daily (7 day course)</p> <p>OR</p> <p>Lansoprazole 30 mg twice daily or Omeprazole 20 mg twice daily + Amoxicillin 1 g twice daily + Metronidazole 400 mg twice daily (7 day course)</p> <p>Choose the treatment regimen with the lowest acquisition cost, and take into account previous exposure to clarithromycin or metronidazole.</p>		
First choice regime for those patients with penicillin allergy		
<p>Lansoprazole 30 mg twice daily or Omeprazole 20 mg twice daily + Clarithromycin 500mg twice daily + Metronidazole 400 mg twice daily (7 day course)</p> <p>If the patient is allergic to penicillin and has had previous exposure to clarithromycin offer a seven day twice daily course of</p> <p>PPI + Bismuth + Metronidazole 400mg + Tetracycline 500mg</p>		
Alternative choice regimes (For those who still have symptoms after first-line eradication treatment)		
<p>As per first choice regime above using the alternative antibacterial option to the one used first line.</p> <p>If the patient has previously been exposed to clarithromycin or metronidazole use amoxicillin 1g BD + a quinolone BD or tetracycline 500mg BD (7 day course) Use the option with the lowest acquisition cost</p> <p>If the patient has a penicillin allergy and no previous quinolone exposure use PPI + metronidazole 400mg BD + Levofloxacin 250mg BD (7 day course)</p> <p>If eradication is unsuccessful following second-line treatment seek advice form a gastroenterologist.</p>		
<u>NICE CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management</u>		
Subsection	1.3.1	H₂-receptor antagonists
First choice	Ranitidine Tablets 150mg, 300mg	
Subsections	<p>1.3.2. Selective antimuscarinics – not recommended for use</p> <p>1.3.3. Chelates and complexes – not recommended for use</p> <p>1.3.4. Prostaglandin analogues – not recommended for use</p>	

Subsection	1.3.5 Proton Pump Inhibitors (PPIs)	
First choice	<p>Lansoprazole Capsules 15mg, 30mg</p>	<p>MHRA Safety Update 2015: PPIs and SCLE MHRA Safety Update 2014: PPIs and hypomagnesaemia</p>
	<p>Omeprazole Capsules 10mg, 20mg</p>	<p>MHRA Safety Update 2014: Clopidogrel and PPIs interaction</p>
Alternatives	<p>Lansoprazole Dispersible tablets 15mg, 30mg Substantially cheaper than dispersible omeprazole</p> <p>Omeprazole Dispersible tablets 10mg, 20mg, 40mg</p>	<p>Dysphagic patients only</p>
<p>NICE CG141: Acute upper gastrointestinal bleeding in over 16s: management</p>		

BNF chapter	1 Gastro-intestinal system	
Section	1.4 Acute diarrhoea	
Subsection	1.4.1 Adsorbents and bulk-forming drugs – Not recommended for use	
Subsection	1.4.2 Antimotility drugs	
First choice	<p>Loperamide Capsules 2mg Oral Syrup SF 1mg/5ml</p>	<p>MHRA DSU: Loperamide (Imodium): reports of serious cardiac adverse reactions with high doses of loperamide associated with abuse or misuse, Sep 2017</p>
Alternatives	<p>Codeine phosphate Tablets 15mg, 30mg, 60mg</p>	
	<p>Eluxadoline (Truberzi) ▼ 75mg and 100mg film-coated tablets N.B. Eluxadoline should be stopped by the specialist at 4 weeks if it does not produce adequate relief</p>	<p>G_n Following specialist initiation</p> <p>Approved for the treatment of irritable bowel syndrome with diarrhoea in line with NICE TA471 Eluxadoline for treating irritable bowel syndrome with diarrhoea</p>

BNF chapter	1 Gastro-intestinal system	
Section	1.5 Chronic bowel disorders	
Subsection	1.5.1 Aminosalicylates – needs further discussion	
<p>Available formulations of mesalazine have different licensed indications, strengths and pharmacological properties.</p> <p>Mesalazine tablets should be prescribed by brand.</p>		
First choice	Mesalazine MR tablets Octasa® MR tablets 400mg, 800mg Pentasa® MR tablets 500mg, 1g	G_n Following specialist initiation
Alternatives	Mesalazine once daily tablets Mezavant® XL tablets 1.2g Mesalazine granules Pentasa® Granules 1g, 2g Salofalk® Granules 500mg, 1g, 1.5g, 3g	G_n Following specialist initiation When concordance is an issue For patients unable to take tablets
Rectal formulations		
	Mesalazine suppositories Pentasa® suppositories 1g Mesalazine foam enema Asacol® foam enema	Preparation choice will depend on site of action required
<p>NICE CG166: Ulcerative colitis June 2013</p> <p>NICE CG152: Crohn's disease: management</p>		
Subsection	1.5.2 Corticosteroids	
First choice	Hydrocortisone Foam enema	For initial treatment or relapse
	Prednisolone Tablets (non-EC) 5mg	
Alternatives	Prednisolone Enema 20mg Foam enema 20mg Suppositories 5mg	GI specialist initiated

	<p>Budesonide Modified release capsules 3mg</p>	<p>GI specialist initiated</p>
Subsection	1.5.3 Drugs affecting the immune response	
First choice	<p>Azathioprine U Tablets 25mg, 50mg</p>	<p>GI specialist initiated Refer to section 8.2.1 ⚠️ A</p>
Alternatives	<p>Mercaptopurine U Tablets 50mg</p>	<p>GI specialist initiated Refer to section 8.1.3 ⚠️ A</p>
	<p>Neoral® (ciclosporin) U Capsules 10mg, 25mg, 50mg, 100mg Oral solution 100mg/ml MUST be prescribed by BRAND</p>	<p>GI specialist initiated Refer to section 8.2.2 ⚠️ A</p>
	<p>Methotrexate U Tablets 2.5mg Weekly Injections – Usually sub-cutaneous 7.5mg, 10mg, 15mg, 20mg, 25mg</p>	<p>GI specialist initiated ⚠️ A May be supplied via homecare Refer to section 8.1.3 Ⓡ</p>
Cytokine modulators (full product details in section 10.1.3)		
First choice	<p>Adalimumab (Humira®) Injection 40mg pre-filled syringe – s/c administered</p> <p>Infliximab (Remicade®, Inflectra®, Remsima®) Vial 100mg - IV administered</p> <p>Golimumab (Simponi®) Injection – subcutaneous 50mg and 100mg pre-filled pen</p>	<p>Ⓡ GI specialist initiated NICE TA187: infliximab and adalimumab for Crohn's disease PBR excluded drug</p> <p>Ⓡ GI specialist initiated NICE TA187: infliximab and adalimumab for Crohn's disease PBR excluded drug</p> <p>Ⓡ GI specialist initiated NICE TA329: Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after failure of conventional therapy</p>

	<p>Ustekinumab (Stelara®) Injection – subcutaneous 45mg and 90mg</p> <p>Vedolizumab (Entyvio®) ▼ Concentrate for intravenous infusion, 300mg vial This treatment should be assessed at least every 12 months see NICE TA342 and NICE TA352 for details.</p>	<p>R NICE TA456: Ustekinumab for moderately to severely active Crohn’s disease after previous treatment</p> <p>R NICE TA342: Vedolizumab for treating moderately to severely active ulcerative colitis NICE TA352: Vedolizumab for treating moderately to severely active Crohn’s disease after prior therapy</p>
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BNF chapter	1 Gastro-intestinal system	
Section	1.6 Laxatives	
Subsection	1.6.1 Bulk forming laxatives	
First choice	Ispaghula husk Sachets 3.5g	
Alternatives	Sterculia Normacol® granules 500g, sachets 7g	
Subsection	1.6.2 Stimulant laxatives	
First choice	Bisacodyl Tablets e/c 5mg Senna Syrup 7.5mg in 5ml	Oral
	Glycerol Suppositories 4g	Rectal use
Alternatives	Docusate sodium Capsules 100mg	
Palliative care only		
	Co-danthramer Capsules 25/200, 37.5/500 Suspension 25/200 in 5ml, 75/1000 in 5ml	<u>Restricted to use in terminally ill people</u>
	Co-danthrusate Capsules 50/60 Suspension 50/60 in 5ml	<u>Restricted to use in terminally ill people</u>
Subsection	1.6.3 Faecal Softeners – not recommended for use	

Subsection	1.6.4 Osmotic laxatives	
First choice	Macrogol 3350 - Laxido® or Movicol® Sachets	
Alternatives	Lactulose Solution	
Rectal use	Phosphate Enema 128ml	
	Sodium citrate Relaxit® Micro-enema 450mg	
Subsection	1.6.5 Bowel cleansing solutions	
Bowel cleansing solutions are only for use before colonic surgery, colonoscopy or radiological examination to ensure the bowel is free of solid contents. They are not treatments for constipation.		
First choice	Sodium picosulfate with magnesium citrate (Citrafleet®, Picolax®) Oral powder	Should be given by pre-op clinic
Alternatives	Phosphates (oral) Fleet® phospho-soda Oral solution	Should be given by pre-op clinic
	Macrogols Moviprep® Oral powder	Should be given by pre-op clinic
Subsection	1.6.6 Peripheral opioid-receptor antagonists	
	Naloxegol ▼ Tablets 12.5mg, 25mg Only as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives AS per NICE TA345	NICE TA345: Naloxegol for treating opioid-induced constipation
Subsection	1.6.7 Other drugs used in constipation	
	Lubiprostone Capsules 24 micrograms	 Following specialist initiation

		<p>NICE TA318: Lubiprostone for treating chronic idiopathic constipation</p>
	<p>Prucalopride Tablets 1mg, 2mg</p>	<p>G_n Following specialist initiation NICE TA 211: Constipation (women) - prucalopride</p>

BNF chapter	1 Gastro-intestinal system	
Section	1.7 Local preparations for anal and rectal disorders	
Subsection	1.7.1 Soothing haemorrhoidal preparations	
First choice	Anusol® Cream, ointment, suppositories	Best value soothing preparations
Alternatives	Germoloids® Cream, ointment suppositories	Best value anaesthetic preparations
Subsection	1.7.2 Compound haemorrhoidal preparations with corticosteroids	
First choice	Anusol HC ointment Xyloproct® Ointment	Best value product
Alternatives	Scheriproct® Suppositories	Best value product
Subsection	1.7.3 Rectal sclerosants – not recommended for use	
Subsection	1.7.4 Management of anal fissures	
First choice	Glyceryl Trinitrate ointment Rectogesic® 0.4% ointment 30g	Prescribe by brand. Do not prescribe other strengths of GTN ointment.
Alternatives	Diltiazem U Anoheal® 2% ointment U	Prescribe by brand, although all preparations are unlicensed

BNF chapter	1 Gastro-intestinal system
Section	1.8 Stoma care
First choice	There is a Stoma Advisory Team at most local hospitals that stock and maintain a full range of ostomy products and are available for advice.

BNF chapter	1 Gastro-intestinal system	
Section	1.9 Drugs affecting intestinal secretions	
Subsection	1.9.1 Drugs affecting biliary composition and flow	
First choice	Ursodeoxycholic acid Ursofalk® capsules 250mg	NICE CG188: Gallstone disease
Alternative	Obeticholic acid ▼ Tablets 5mg, 10mg	NICE TA443: Obeticholic acid for treating primary biliary cholangitis Assess the response to obeticholic acid after 12 months. Only continue if there is evidence of clinical benefit.
Additional notes Ursofalk® is included as it is licensed for primary biliary cirrhosis.		
Subsection	1.9.2 Bile acid sequestrans	
First choice	Colestyramine Questran Light® Powder 4g sachet	 Following specialist advice
Additional notes Questran light® is more expensive than Questran® but is included as it is more palatable.		
Subsection	1.9.4 Pancreatin	
First choice	Creon® Capsules 10,000, 25,000, 40,000	GI specialist initiated