







## Chapter 1. Gastro-intestinal System

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### Key

	<p><b>Red drug</b> see <a href="#">GMMMG RAG list</a></p> <p><i>Click on the symbols to access this list</i></p>
	<p><b>Amber drug</b> see <a href="#">GMMMG RAG list</a></p> <p><i>Click on the symbols to access this list</i></p>
	<p><b>Green drug</b> see <a href="#">GMMMG RAG list</a></p> <p><i>Click on the symbols to access this list</i></p>
	<p><b>If a medicine is unlicensed this should be highlighted in the template as follows</b></p> <p><b>Drug name U</b></p>
	<p><b>Not Recommended</b></p>
	<p><b>Over the Counter</b></p> <p>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a>.</p>
<b>Order of Drug Choice</b>	<p>Where there is no preferred 1<sup>st</sup> line agent provided, the drug choice appears in alphabetical order.</p>


<b>BNF chapter</b>	<b>1</b>	<b>Gastro-intestinal system</b>	
<b>Section</b>	<b>1.1</b>	<b>Dyspepsia and gastro-oesophageal reflux disease</b>	
<b>Subsection</b>	<b>1.1.1</b>	<b>Antacids and simeticone</b>	
<b>First choice</b>	<b>Co-magaldrox</b> Suspension SF 195/220 (low sodium, bowel neutral)		
<b>Subsection</b>	<b>1.1.2</b>	<b>Compound alginates and proprietary indigestion preparation</b>	
<b>First choice</b>	<b>Peptac® or Acidex®</b> Suspension SF (Contains 6.2 mmol, 6.0 mmol of sodium in 10ml respectively)		
<b>Alternative</b>	<b>Gaviscon® Advance</b> Liquid (Contains 4.6 mmol of sodium in 10 ml, 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.





<b>Do Not Prescribe</b>	<b>Indigestion and heartburn</b> See <a href="#">commissioning statement</a> for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a> .
	<b>Lactase drops</b> e.g. Colief®	<a href="#">Criterion 1</a> (see RAG list)
	<b>Infant colic</b>	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a>

<b>BNF chapter</b>	<b>1</b>	<b>Gastro-intestinal system</b>
<b>Section</b>	<b>1.2</b>	<b>Antispasmodics and other drugs altering gut motility</b>
<b>Antimuscarinics</b>		
<b>First choice</b>	<b>Mebeverine</b> Tablets 135 mg	<a href="#">NICE CG61: IBS in adults</a>
<b>Alternatives</b>	<b>Hyoscine butylbromide</b> Tablets 10 mg	
	<b>Peppermint oil</b> Capsules	Mintec® best value option
	<b>Alverine citrate</b> Capsules 60 mg, 120 mg	
<b>Do Not Prescribe</b>	<b>Dicycloverine</b> Tablets, oral solution	<a href="#">Criterion 2 (see RAG list)</a>
<b>Motility stimulants (see section 4.6)</b>		
<b>First choice</b>	<b>Metoclopramide</b> Tablets 10 mg	<a href="#">MHRA DSU (2013): Metoclopramide</a>
<b>Alternatives</b>	<b>Domperidone</b> Tablets 10 mg	<a href="#">MHRA DSU (2014): Domperidone</a>
<b>Additional Notes</b>		
For abdominal cramps, antispasmodics are of limited clinical benefit but are occasionally used. The drug with the lowest acquisition cost should be used.		

<b>BNF chapter</b>	<b>1</b>	<b>Gastro-intestinal system</b>
<b>Section</b>	<b>1.3</b>	<b>Antisecretory drugs and mucosal protectants</b>
<b>Helicobacter pylori eradication regimes</b>		
<b>First choice regimes</b>		
<p><b>Lansoprazole</b> 30 mg twice daily <b>or omeprazole</b> 20 mg twice daily + <b>amoxicillin</b> 1 g twice daily + <b>clarithromycin</b> 500 mg twice daily (7 day course)</p> <p><b>OR</b></p> <p><b>Lansoprazole</b> 30 mg twice daily <b>or omeprazole</b> 20 mg twice daily + <b>amoxicillin</b> 1 g twice daily + <b>metronidazole</b> 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>		
<b>First choice regime for those patients with penicillin allergy</b>		
<p><b>Lansoprazole</b> 30 mg twice daily <b>or omeprazole</b> 20 mg twice daily + <b>clarithromycin</b> 500 mg twice daily + <b>metronidazole</b> 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 400 mg + tetracycline 500 mg</p>		
<b>Alternative choice regimes (for those who still have symptoms after first-line eradication treatment)</b>		
<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 1 g BD + a quinolone BD or tetracycline 500 mg 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 400 mg BD + levofloxacin 250 mg BD (7 day course)</p> <p>If eradication is unsuccessful following second-line treatment seek advice from a gastroenterologist.</p>		
<b><u><a href="#">NICE CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management</a></u></b>		
<b>Subsection</b>	<b>1.3.1</b>	<b>H<sub>2</sub>-receptor antagonists</b>
<b>First choice</b>	<b>Ranitidine</b> Tablets 150 mg, 300 mg	
<b>Subsections</b>	<b>1.3.2. Selective antimuscarinics – not recommended for use</b>	
<b>Subsection</b>	<b>1.3.3. Chelates and complexes</b>	
<b>First choice</b>	<b>Sucralfate</b> Oral suspension 1 g/5 mL	 Following specialist initiation

<b>Subsection</b>	<b>1.3.4. Prostaglandin analogues – not recommended for use</b>	
<b>Subsection</b>	<b>1.3.5 Proton pump inhibitors (PPIs)</b>	
<b>First choice</b>	<p><b>Lansoprazole</b> Capsules 15 mg, 30 mg</p>	<p><a href="#">MHRA DSU (2015): PPIs and SCLE</a></p> <p><a href="#">MHRA DSU (2014): PPIs and hypomagnesaemia</a></p>
	<p><b>Omeprazole</b> Capsules 10 mg, 20 mg</p>	<p><a href="#">MHRA DSU (2014): Clopidogrel and PPIs interaction</a></p>
<b>Alternatives</b>	<p><b>Lansoprazole</b> Dispersible tablets 15 mg, 30 mg Substantially cheaper than dispersible omeprazole</p> <p><b>Omeprazole</b> Dispersible tablets 10 mg, 20 mg, 40 mg</p>	<p><b>Dysphagic patients only</b></p>
<p><a href="#">NICE CG141: Acute upper gastrointestinal bleeding in over 16s: management</a></p>		

<b>BNF chapter</b>	<b>1 Gastro-intestinal system</b>	
<b>Section</b>	<b>1.4 Acute diarrhoea</b>	
<b>Do Not Prescribe</b>	<b>Diarrhoea (adults)</b> See <a href="#">commissioning statement</a> for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a> .
	<b>Rifaximin</b> Tablets 200 mg (Xifaxanta®)  Treatment of traveller’s diarrhoea	Criterion 3 (see RAG list)  <a href="#">GM Travel Abroad policy</a>
<b>Subsection</b>	<b>1.4.1 Adsorbents and bulk-forming drugs – not recommended for use</b>	
<b>Subsection</b>	<b>1.4.2 Antimotility drugs</b>	
<b>First choice</b>	<b>Loperamide</b> Capsules 2 mg Oral Syrup SF 1 mg/5 ml	<a href="#">MHRA DSU (2017): Loperamide (Imodium): reports of serious cardiac adverse reactions with high doses of loperamide associated with abuse or misuse</a>
<b>Alternatives</b>	<b>Codeine phosphate</b> Tablets 15 mg, 30 mg, 60 mg	
<b>Subsection</b>	<b>1.4.3 Enkephalinase inhibitors</b>	
<b>Do Not Prescribe</b>	<b>Racecadotril</b> Granules for oral suspension	Criterion 1 (see RAG list)

<b>BNF chapter</b>	<b>1 Gastro-intestinal system</b>	
<b>Section</b>	<b>1.5 Chronic bowel disorders</b>	
<b>Subsection</b>	<b>1.5.1 Aminosalicylates – needs further discussion</b>	
<p>Available formulations of mesalazine have different licensed indications, strengths and pharmacological properties.</p> <p><b>Mesalazine tablets should be prescribed by brand.</b></p>		
<b>First choice</b>	Mesalazine MR tablets <b>Octasa® MR</b> tablets 400 mg, 800 mg <b>Pentasa® MR</b> tablets 500 mg, 1g	 Following specialist advice
<b>Alternatives</b>	Mesalazine once daily tablets <b>Mezavant® XL</b> tablets 1.2 g  Mesalazine granules <b>Pentasa®</b> granules 1 g, 2 g <b>Salofalk®</b> granules 500 g, 1 g, 1.5 g, 3 g	 Following specialist advice When concordance is an issue  For patients unable to take tablets
<b>Rectal formulations</b>		
	Mesalazine suppositories <b>Pentasa®</b> suppositories 1 g Mesalazine foam enema <b>Asacol®</b> foam enema	 Following specialist advice Preparation choice will depend on site of action required
<p><a href="#">NICE NG129: Crohn's disease: management</a></p> <p><a href="#">NICE NG130: Ulcerative colitis: management</a></p>		
<b>Subsection</b>	<b>1.5.2 Corticosteroids</b>	
<b>First choice</b>	<b>Hydrocortisone</b> Foam enema	For initial treatment or relapse
	<b>Prednisolone</b> Tablets (non-EC) 5 mg	
<b>Alternatives</b>	<b>Prednisolone</b> Enema 20 mg Foam enema 20 mg Suppositories 5 mg	 Following specialist advice

	<p><b>Budesonide</b> Modified release capsules 3 mg</p>	<p><b>Gn</b> following specialist advice <b>GI specialist initiated</b></p>
	<p><b>Budesonide</b> Orodispersible tablets 1 mg (Jorveza®)</p>	<p><b>Gn</b> following specialist initiation As per NICE TA708; only for inducing remission of eosinophilic oesophagitis in adults (treatment duration of up to 12 weeks) <a href="#">NICE TA708: Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis</a></p>
<b>Subsection</b>	<b>1.5.3 Drugs affecting the immune response</b>	
<b>First choice</b>	<p><b>Azathioprine U</b> Tablets 25 mg, 50 mg</p>	<p><b>GI specialist initiated</b> <b><a href="#">Refer to section 8.2.1</a></b> <b>A</b></p>
<b>Alternatives</b>	<p><b>Mercaptopurine U</b> Tablets 50 mg</p>	<p><b>GI specialist initiated</b> <b>A</b></p>
	<p><b>Neoral® (ciclosporin) U</b> Capsules 10 mg, 25 mg, 50 mg, 100 mg Oral solution 100 mg/ml <b>MUST be prescribed by BRAND</b></p>	<p><b>GI specialist initiated</b> <b><a href="#">Refer to section 8.2.2</a></b> <b>A</b></p>
	<p><b>Methotrexate U</b> Tablets 2.5mg <b>weekly</b>  Injections – usually subcutaneous 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg</p>	<p><b>GI specialist initiated</b> <b>A</b>  <b>May be supplied via homecare</b> <b>R</b>  <a href="#">MHRA DSU: Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing, Sept 2020</a></p>
<b>Cytokine modulators (full product details in section 10.1.3)</b>		
<b>First choice</b>	<p><b>Adalimumab</b> First choice: Amgevita®▼ Alternative: Humira® Injection – subcutaneous 40 mg pre-filled syringe</p>	<p><b>R</b> <b>GI specialist initiated</b>  <a href="#">NICE TA187: Infliximab and adalimumab for Crohn's disease</a>  PBR excluded drug</p>




	<p><b>Infliximab (Remicade<sup>®</sup>, Inflectra<sup>®</sup>, Remsima<sup>®</sup>)</b> Injection - intravenous 100 mg vial</p>	<p><b>R</b> GI specialist initiated <a href="#">NICE TA187: Infliximab and adalimumab for Crohn's disease</a> PBR excluded drug</p>
	<p><b>Golimumab (Simponi<sup>®</sup>)</b> Injection – subcutaneous 50 mg, 100 mg pre-filled pen</p>	<p><b>R</b> GI specialist initiated <a href="#">NICE TA329: Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after failure of conventional therapy</a> PBR excluded drug</p>
	<p><b>Tofacitinib (Xeljanz<sup>®</sup>▼)</b> Tablets 5 mg, 10 mg</p>	<p><b>R</b> GI specialist initiated <a href="#">NICE TA547: Tofacitinib for moderately to severely active ulcerative colitis</a> PBR excluded drug</p>
	<p><b>Ustekinumab (Stelara<sup>®</sup>)</b> Injection – subcutaneous 45 mg, 90 mg</p>	<p><b>R</b> GI specialist initiated <a href="#">NICE TA456: Ustekinumab for moderately to severely active Crohn's disease after previous treatment</a> <a href="#">NICE TA633: Ustekinumab for treating moderately to severely active ulcerative colitison</a> PBR excluded drug</p>
	<p><b>Vedolizumab (Entyvio<sup>®</sup>)</b> Concentrate for intravenous infusion, 300 mg vial This treatment should be assessed at least every 12 months.</p>	<p><b>R</b> GI specialist initiated <a href="#">NICE TA342: Vedolizumab for treating moderately to severely active ulcerative colitis</a> <a href="#">NICE TA352: Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy</a> PBR excluded drug</p>
<b>Do Not Prescribe</b>	<p><b>Darvadstrocel</b> Alofisel<sup>®</sup>, suspension for injection</p>	<p>Criterion 1 (see RAG list) <a href="#">NICE TA556: Darvadstrocel for treating complex perianal fistulas in Crohn's disease</a></p>
	<p><b>VSL#3<sup>®</sup></b> <b>Vivomixx<sup>®</sup></b> Probiotic food supplements</p>	<p>Criterion 1 (see RAG list)</p>



<b>BNF chapter</b>	<b>1 Gastro-intestinal system</b>	
<b>Section</b>	<b>1.6 Laxatives</b>	
<b>Do Not Prescribe</b>	<b>Infrequent constipation (duration less than 2 weeks)</b> See <a href="#">commissioning statement</a> for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a> .
<b>Subsection</b>	<b>1.6.1 Bulk-forming laxatives</b>	
<b>First choice</b>	<b>Ispaghula husk</b> Sachets 3.5 g	
<b>Alternatives</b>	<b>Sterculia</b> Normacol® granules 500 g, sachets 7 g	
<b>Subsection</b>	<b>1.6.2 Stimulant laxatives</b>	
<a href="#">MHRA DSU: Stimulant laxatives (bisacodyl, senna and sennosides, sodium picosulfate) available over-the-counter: new measures to support safe use, August 2020</a>		
<b>First choice</b>	<b>Bisacodyl</b> Tablets e/c 5 mg <b>Senna</b> Syrup 7.5 mg in 5 ml	Oral
	<b>Glycerol</b> Suppositories 4 g	Rectal use
<b>Alternatives</b>	<b>Docusate sodium</b> Capsules 100 mg	
<b>Palliative care only</b>		
	<b>Co-danthramer</b> Capsules 25/200, 37.5/500 Suspension 25/200 in 5 ml, 75/1000 in 5 ml	<a href="#">Restricted to use in terminally ill people</a>
	<b>Co-danthrusate</b> Capsules 50/60 Suspension 50/60 in 5 ml	<a href="#">Restricted to use in terminally ill people</a>
<b>Subsection</b>	<b>1.6.3 Faecal softeners – not recommended for use</b>	

<b>Subsection</b>	<b>1.6.4 Osmotic laxatives</b>	
<b>First choice</b>	<b>Macrogol 3350</b> Sachets	<a href="#">MHRA DSU: Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration, April 2021</a>
<b>Alternatives</b>	<b>Lactulose</b> Solution	
<b>Rectal use</b>	<b>Phosphate</b> Enema 128 ml	
	<b>Sodium citrate</b> Relaxit® micro-enema 450 mg	
<b>Subsection</b>	<b>1.6.5 Bowel cleansing solutions</b>	
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.		
<b>First choice</b>	<b>Sodium picosulfate with magnesium citrate</b> (Citrafleet®, Picolax®) Oral powder	Should be given by pre-op clinic
<b>Alternatives</b>	<b>Phosphates (oral)</b> Fleet® phospho-soda Oral solution	Should be given by pre-op clinic
	<b>Macrogols</b> Moviprep® Oral powder	Should be given by pre-op clinic <a href="#">MHRA DSU: Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration, April 2021</a>
<b>Subsection</b>	<b>1.6.6 Peripheral opioid-receptor antagonists</b>	
	<b>Naloxegol</b> ▼ Tablets 12.5 mg, 25 mg Only as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives <a href="#">as per NICE TA345</a>	<b>G<sub>n</sub></b> following specialist advice <a href="#">NICE TA345: Naloxegol for treating opioid-induced constipation</a>
	<b>Naldemedine</b> ▼ Tablets 200 micrograms Only as an option for treating opioid-induced constipation in adults whose	<b>G<sub>n</sub></b> following specialist initiation <a href="#">NICE TA651: Naldemedine for treating opioid-induced constipation</a>

	<p>constipation has not adequately responded to laxatives alone.</p> <p>Patients with opioid-induced constipation should have their analgesia reviewed prior to initiating naldemedine</p>	
<b>Subsection</b>	<b>1.6.7 Other drugs used in constipation</b>	
	<p><b>Prucalopride</b> Tablets 1 mg, 2 mg</p>	<p><b>G<sub>n</sub></b> Following specialist initiation <a href="#">NICE TA211: Constipation (women) - prucalopride</a></p>
<p><b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined population</p>	<p><b>Linaclotide</b> Capsules 290 micrograms</p> <p>Only for use where optimal or maximum tolerated doses of previous laxatives from different classes have not helped, and constipation has been present for at least 12 months.</p> <p>Review for benefit after 3 months.</p>	<p><b>G<sub>n</sub></b> following specialist initiation  <a href="#">Criterion 1 (see RAG list)</a></p>
<b>BNF chapter</b>	<b>1 Gastro-intestinal system</b>	
<b>Section</b>	<b>1.7 Local preparations for anal and rectal disorders</b>	
<b>Subsection</b>	<b>1.7.1 Soothing haemorrhoidal preparations</b>	
<b>First choice</b>	<p><b>Anusol<sup>®</sup></b> Cream, ointment, suppositories</p>	Best value soothing preparations
<b>Alternatives</b>	<p><b>Germoloids<sup>®</sup></b> Cream, ointment suppositories</p>	Best value anaesthetic preparations
<b>Do Not Prescribe</b>	<p><b>Haemorrhoids</b> See <a href="#">commissioning statement</a> for exceptions</p>	<p>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a>.</p>
<b>Subsection</b>	<b>1.7.2 Compound haemorrhoidal preparations with corticosteroids</b>	
<b>First choice</b>	<p><b>Anusol<sup>®</sup> HC</b> Ointment</p> <p><b>Xyloproct<sup>®</sup></b> Ointment</p>	Best value product
<b>Alternatives</b>	<p><b>Scheriproct<sup>®</sup></b> Suppositories</p>	Best value product

<b>Subsection</b>	<b>1.7.3 Rectal sclerosants – not recommended for use</b>	
<b>Subsection</b>	<b>1.7.4 Management of anal fissures</b>	
<b>First choice</b>	<b>Glyceryl trinitrate ointment</b> Rectogesic® 0.4% ointment 30 g	Prescribe by brand Do not prescribe other strengths of GTN ointment
<b>Alternatives</b>	<b>Diltiazem U</b> Anoeal® 2% ointment U	 Following specialist initiation Prescribe by brand, although all preparations are unlicensed

<b>BNF chapter</b>	<b>1 Gastro-intestinal system</b>	
<b>Section</b>	<b>1.8 Stoma care</b>	
<b>First choice</b>	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.	
<b>Do Not Prescribe</b>	<b>Stoma appliance deodorants</b> Should not be required if pouch is correctly fitted. No odour should be apparent except when bag is emptied or changed.	<u>Criterion 3 (see RAG list)</u>

<b>BNF chapter</b>	<b>1 Gastro-intestinal system</b>	
<b>Section</b>	<b>1.9 Drugs affecting intestinal secretions</b>	
<b>Subsection</b>	<b>1.9.1 Drugs affecting biliary composition and flow</b>	
<b>First choice</b>	<b>Ursodeoxycholic acid</b> Ursofalk® capsules 250 mg	<a href="#">NICE CG188: Gallstone disease</a>
<b>Alternative</b>	<b>Obeticholic acid▼</b> Tablets 5 mg, 10 mg	<a href="#">NICE TA443: Obeticholic acid for treating primary biliary cholangitis</a>  Assess the response to obeticholic acid after 12 months. Only continue if there is evidence of clinical benefit.  <a href="#">MHRA DSU (2018): Obeticholic acid (Ocaliva▼): risk of serious liver injury in patients with pre-existing moderate or severe hepatic impairment; reminder to adjust dosing according to liver function monitoring</a>
<b>Additional notes</b> Ursofalk® is included as it is licensed for primary biliary cirrhosis.		
<b>Subsection</b>	<b>1.9.2 Bile acid sequestrants</b>	
<b>First choice</b>	<b>Colestyramine</b> Questran Light® powder 4 g sachet	 Following specialist advice
<b>Additional notes</b> Questran light® is more expensive than Questran® but is included as it is more palatable.		
<b>Subsection</b>	<b>1.9.4 Pancreatin</b>	
<b>First choice</b>	<b>Creon®</b> Capsules 10,000, 25,000	 Following specialist initiation GI specialist initiated