







Chapter 1. Gastro-intestinal System

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Key

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


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 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.





Do Not Prescribe	Indigestion and heartburn	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 GM commissioning statement .
	Lactase drops e.g. Colief®	Criterion 1 (see RAG list)
	Infant colic	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 GM commissioning statement

BNF chapter	1	Gastro-intestinal system
Section	1.2	Antispasmodics and other drugs altering gut motility
Antimuscarinics		
First choice	Mebeverine Tablets 135 mg	NICE CG61: IBS in adults
Alternatives	Hyoscine butylbromide Tablets 10 mg	
	Peppermint oil Capsules	Mintec® best value option
	Alverine citrate Capsules 60 mg, 120 mg	
Do Not Prescribe	Dicycloverine Tablets, oral solution	Criterion 2 (see RAG list)
Motility stimulants (see section 4.6)		
First choice	Metoclopramide Tablets 10 mg	MHRA DSU (2013): Metoclopramide
Alternatives	Domperidone Tablets 10 mg	MHRA DSU (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 500 mg 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 400 mg + tetracycline 500 mg</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 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 form a gastroenterologist.</p>		
<p>NICE CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management</p> <p>NICE NG201: Antenatal care</p>		
Subsection	1.3.1	H₂-receptor antagonists
First choice	Ranitidine Tablets 150 mg, 300 mg	
Subsections	1.3.2. Selective antimuscarinics – not recommended for use	
Subsection	1.3.3. Chelates and complexes	
First choice	Sucralfate Oral suspension 1 g/5 mL	 Following specialist initiation

Subsection	1.3.4. Prostaglandin analogues – not recommended for use	
Subsection	1.3.5 Proton pump inhibitors (PPIs)	
First choice	<p>Lansoprazole Capsules 15 mg, 30 mg</p>	<p>MHRA DSU (2015): PPIs and SCLE MHRA DSU (2014): PPIs and hypomagnesaemia</p>
	<p>Omeprazole Capsules 10 mg, 20 mg</p>	<p>MHRA DSU (2014): Clopidogrel and PPIs interaction</p>
Alternatives	<p>Lansoprazole Dispersible tablets 15 mg, 30 mg Substantially cheaper than dispersible omeprazole</p> <p>Omeprazole Dispersible tablets 10 mg, 20 mg, 40 mg</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	
Do Not Prescribe	Diarrhoea (adults) See commissioning statement 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 GM commissioning statement .
	Rifaximin Tablets 200 mg (Xifaxanta®) Treatment of traveller’s diarrhoea	Criterion 3 (see RAG list) GM Travel Abroad policy
Subsection	1.4.1 Adsorbents and bulk-forming drugs – not recommended for use	
Subsection	1.4.2 Antimotility drugs	
First choice	Loperamide Capsules 2 mg Oral Syrup SF 1 mg/5 ml	MHRA DSU (2017): Loperamide (Imodium): reports of serious cardiac adverse reactions with high doses of loperamide associated with abuse or misuse
Alternatives	Codeine phosphate Tablets 15 mg, 30 mg, 60 mg	
Subsection	1.4.3 Enkephalinase inhibitors	
Do Not Prescribe	Racecadotril Granules for oral suspension	Criterion 1 (see RAG list)

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 400 mg, 800 mg Pentasa® MR tablets 500 mg, 1g	 Following specialist advice
Alternatives	Mesalazine once daily tablets Mezavant® XL tablets 1.2 g Mesalazine granules Pentasa® granules 1 g, 2 g Salofalk® granules 500 g, 1 g, 1.5 g, 3 g	 Following specialist advice When concordance is an issue For patients unable to take tablets
Rectal formulations		
	Mesalazine suppositories Pentasa® suppositories 1 g Mesalazine foam enema Asacol® foam enema	 Following specialist advice Preparation choice will depend on site of action required
<p>NICE NG129: Crohn's disease: management</p> <p>NICE NG130: Ulcerative colitis: management</p>		
Subsection	1.5.2 Corticosteroids	
First choice	Hydrocortisone Foam enema	For initial treatment or relapse
	Prednisolone Tablets (non-EC) 5 mg	
Alternatives	Prednisolone Enema 20 mg Foam enema 20 mg Suppositories 5 mg	 Following specialist advice


	<p>Budesonide Modified release capsules 3 mg</p>	<p>Gn following specialist advice GI specialist initiated</p>
	<p>Budesonide Orodispersible tablets 1 mg (Jorveza®)</p>	<p>Gn following specialist initiation As per NICE TA708; only for inducing remission of eosinophilic oesophagitis in adults (treatment duration of up to 12 weeks) NICE TA708: Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis</p>
Subsection	1.5.3 Drugs affecting the immune response	
First choice	<p>Azathioprine U Tablets 25 mg, 50 mg</p>	<p>GI specialist initiated Refer to section 8.2.1 A</p>
Alternatives	<p>Mercaptopurine U Tablets 50 mg</p>	<p>GI specialist initiated A</p>
	<p>Neoral® (ciclosporin) U Capsules 10 mg, 25 mg, 50 mg, 100 mg Oral solution 100 mg/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 subcutaneous 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg</p>	<p>GI specialist initiated A May be supplied via homecare R 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</p>
Cytokine modulators (full product details in section 10.1.3)		
First choice	<p>Adalimumab First choice: Amgevita®▼ Alternative: Humira® Injection – subcutaneous 40 mg pre-filled syringe</p>	<p>R GI specialist initiated NICE TA187: Infliximab and adalimumab for Crohn's disease PBR excluded drug</p>

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



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

Subsection	1.6.4 Osmotic laxatives	
First choice	Macrogol 3350 Sachets	MHRA DSU: Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration, April 2021
Alternatives	Lactulose Solution	
Rectal use	Phosphate Enema 128 ml	
	Sodium citrate Relaxit® micro-enema 450 mg	
Subsection	1.6.5 Bowel cleansing solutions	
<p>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.</p>		
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 MHRA DSU: Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration, April 2021
Subsection	1.6.6 Peripheral opioid-receptor antagonists	
	Naloxegol ▼ 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 as per NICE TA345	 following specialist advice NICE TA345: Naloxegol for treating opioid-induced constipation
	Naldemedine ▼ Tablets 200 micrograms Only as an option for treating opioid-induced constipation in adults whose	 following specialist initiation NICE TA651: Naldemedine for treating opioid-induced constipation

	<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>	
Subsection	1.6.7 Other drugs used in constipation	
	<p>Prucalopride Tablets 1 mg, 2 mg</p>	<p>G_n Following specialist initiation NICE TA211: Constipation (women) - prucalopride</p>
<p>Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined population</p>	<p>Linaclotide 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>G_n following specialist initiation Criterion 1 (see RAG list)</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	<p>Anusol[®] Cream, ointment, suppositories</p>	Best value soothing preparations
Alternatives	<p>Germoloids[®] Cream, ointment suppositories</p>	Best value anaesthetic preparations
Do Not Prescribe	<p>Haemorrhoids See commissioning statement 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 GM commissioning statement.</p>
Subsection	1.7.2 Compound haemorrhoidal preparations with corticosteroids	
First choice	<p>Anusol[®] HC Ointment</p> <p>Xyloproct[®] Ointment</p>	Best value product
Alternatives	<p>Scheriproct[®] Suppositories</p>	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 30 g	Prescribe by brand Do not prescribe other strengths of GTN ointment
Alternatives	Diltiazem U Anoeal® 2% ointment U	 Following specialist initiation 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.	
Do Not Prescribe	Stoma appliance deodorants 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>

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 250 mg	NICE CG188: Gallstone disease
Alternative	Obeticholic acid▼ Tablets 5 mg, 10 mg	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. 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
Additional notes Ursofalk® is included as it is licensed for primary biliary cirrhosis.		
Subsection	1.9.2 Bile acid sequestrants	
First choice	Colestyramine Questran Light® powder 4 g 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	 Following specialist initiation GI specialist initiated