Chapter 1. Gastro-intestinal System

Contents

Key

R	**Red drug** see GMMMG RAG list *Click on the symbols to access this list*
A	**Amber drug** see GMMMG RAG list *Click on the symbols to access this list*
Gn	**Green drug** see GMMMG RAG list *Click on the symbols to access this list*
U	**If a medicine is unlicensed this should be highlighted in the template as follows** **Drug name** U
	Not Recommended
OTC	**Over the Counter** 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.
Order of Drug Choice	Where there is no preferred 1st 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 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** 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.
	Lactase drops e.g. Colief® **Infant colic**	Criterion 1 (see RAG list) 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

Lansoprazole 30 mg twice daily **or omeprazole** 20 mg twice daily + **amoxicillin** 1 g twice daily + **clarithromycin** 500 mg twice daily (7 day course)

OR

Lansoprazole 30 mg twice daily **or omeprazole** 20 mg twice daily + a**moxicillin** 1 g twice daily + **metronidazole** 400 mg twice daily (7 day course)

Choose the treatment regimen with the lowest acquisition cost, and take into account previous exposure to clarithromycin or metronidazole.

First choice regime for those patients with penicillin allergy

Lansoprazole 30 mg twice daily **or omeprazole** 20 mg twice daily + c**larithromycin** 500 mg twice daily + **metronidazole** 400 mg twice daily (7 day course)

If the patient is allergic to penicillin and has had previous exposure to clarithromycin offer a seven day twice daily course of:

PPI + bismuth + metronidazole 400 mg + tetracycline 500 mg

Alternative choice regimes (for those who still have symptoms after first-line eradication treatment)

As per first choice regime above, using the alternative antibacterial option to the one used first-line.

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

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)

If eradication is unsuccessful following second-line treatment seek advice form a gastroenterologist.

NICE CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management

NICE NG201: Antenatal care

Subsection	**1.3.1 H_2-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	Gn Following specialist initiation

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

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**	
Available formulations of mesalazine have different licensed indications, strengths and pharmacological properties. **Mesalazine tablets should be prescribed by brand.**		
First choice	Mesalazine MR tablets **Octasa® MR** tablets 400 mg, 800 mg **Pentasa® MR** tablets 500 mg, 1g	Gn 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	Gn 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	Gn Following specialist advice Preparation choice will depend on site of action required
NICE NG129: Crohn's disease: management NICE NG130: Ulcerative colitis: management		
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	Gn Following specialist advice

	Budesonide Modified release capsules 3 mg	Gn following specialist advice GI specialist initiated
	Budesonide Orodispersible tablets 1 mg (Jorveza®)	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
Subsection	**1.5.3 Drugs affecting the immune response**	
First choice	**Azathioprine** U Tablets 25 mg, 50 mg	GI specialist initiated **Refer to section 8.2.1** A
Alternatives	**Mercaptopurine** U Tablets 50 mg	GI specialist initiated A
	Neoral® (ciclosporin) U Capsules 10 mg, 25 mg, 50 mg, 100 mg Oral solution 100 mg/ml **MUST be prescribed by BRAND**	GI specialist initiated **Refer to section 8.2.2** A
	Methotrexate U Tablets 2.5mg **weekly** Injections – usually subcutaneous 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg	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
Cytokine modulators (full product details in section 10.1.3)		
First choice	**Adalimumab** First choice: Amgevita®▼ Alternative: Humira® Injection – subcutaneous 40 mg pre-filled syringe	R GI specialist initiated NICE TA187: Infliximab and adalimumab for Crohn's disease PBR excluded drug

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

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** Sachets	Choose the most cost-effective option. 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**	
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 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	Gn following specialist advice NICE TA345: Naloxegol for treating opioid-induced constipation
	Naldemedine▼ Tablets 200 micrograms	Gn following specialist initiation

	Only as an option for treating opioid-induced constipation in adults whose constipation has not adequately responded to laxatives alone. Patients with opioid-induced constipation should have their analgesia reviewed prior to initiating naldemedine	NICE TA651: Naldemedine for treating opioid-induced constipation
Subsection	**1.6.7 Other drugs used in constipation**	
	Prucalopride Tablets 1 mg, 2 mg	Gn Following specialist initiation NICE TA211: Constipation (women) - prucalopride
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined population	**Linaclotide** Capsules 290 micrograms 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. Review for benefit after 3 months.	Gn following specialist initiation Criterion 1 (see RAG list)
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
Do Not Prescribe	**Haemorrhoids** 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	**1.7.2 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 30 g	Prescribe by brand Do not prescribe other strengths of GTN ointment
Alternatives	**Diltiazem** U Anoheal® 2% ointment U	Gn 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.	Criterion 3 (see RAG list)

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	Gn 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	Gn Following specialist initiation GI specialist initiated