

West of Scotland Formulary - GI chapter –

Changes compared to NHSGGC chapter






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Drug additions compared to existing GGC formulary

| Drug | Pathway(s) | Prescribing flag** | Comments |
|---|--|---------------------------|--|
| Sodium alginate + potassium bicarbonate (Gaviscon Advance susp. and chewable tablets) | Uninvestigated dyspepsia Adjunctive treatment of gastro-oesophageal reflux disease (GORD) with antacids/alginate Heartburn in pregnancy | None | Gaviscon Advance is more cost effective based on the dose compared to Peptac |
| Esomeprazole capsules | Treatment of gastro-oesophageal reflux disease (GORD) | None | Positioned 2 nd line after omeprazole and lansoprazole for this indication. |
| Esomeprazole injection | Upper gastrointestinal bleeding | SUO | Esomeprazole was the preferred choice based on cost and licence |
| Plenvu | Bowel evacuation for procedures requiring a clean bowel | SI | Plenvu and Moviprep are the formulary choices |
| Diltiazem cream/oint | Treatment of anal fissure | UM | Unlicensed, but alternative (Rectogesic) is not approved by SMC |
| Bezafibrate | Treatment of primary biliary cholangitis | SR + UI | Presents a cost saving when compared to obeticholic acid |
| Colesevelam | Treatment of bile acid malabsorption | SR + UI | Alternative to cholestyramine which is often poorly tolerated |
| Budesonide suppositories | Ulcerative colitis / Inflammatory bowel disease - Disease localised to the rectosigmoid Suppository formulation to be added for UC as per latest SMC advice | SR | |
| Guselkumab | As per latest SMC advice. For the treatment of moderate to severe Crohn's disease. For the treatment of moderately to severely | SUO | |

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| | active ulcerative colitis (UC) | | |
| Mirikizumab | As per latest SMC advice. Moderate to severe Crohn's disease | SUO | |
| Mesalazine (Zyduco XL) | Ulcerative colitis / Inflammatory bowel disease | SR | Replaces Mezavant as the preferred brand for 1.2g M/R tablets |

**WoSF Prescribing flags:

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|  | Specialist Recommendation: may be initiated in primary care on the recommendation of a consultant or specialist practitioner working with a multidisciplinary team. |
|  | Specialist Initiation: to be initiated by a consultant or specialist practitioner working with a multidisciplinary team. Ongoing prescribing can be continued in primary care; for example, following initial prescription or once the patient has been stabilised on the medication. This may involve initial and/or ongoing monitoring and review by the specialist. Refer to individual prescribing notes and local arrangements. |
|  | Specialist Use Only: to be prescribed by a consultant or specialist practitioner in this therapeutic area with treatment remaining under their direct supervision. Not to be prescribed in primary care. |
|  | Unlicensed Indication: a licensed medicine being used outside the terms of its licence. |
|  | Unlicensed Medicine: a medicine with no UK marketing authorisation. |

Note: Several other drugs have been added to the WoS GI chapter that are currently only in non-GI chapters of GGC formulary, such as antibiotics for H.Pylori, tricyclic antidepressants for IBS pain and diuretics for hepatic ascites.

Drug deletions compared to GGC formulary

TF = Total Formulary, PL = Preferred List in NHSGGC Adult Medicines Formulary

| Drug | Current GGC formulary location/position | | Comments |
|---------------------------|--|----|--|
| Propantheline | 1.2 Antispasmodics and other drugs altering gut motility | TF | Remaining options are Mebeverine, hyoscine butylbromide and peppermint oil |
| Domperidone | 1.2 Antispasmodics and other drugs altering gut motility | PL | Remaining options are Mebeverine, hyoscine butylbromide and peppermint oil |
| Cimetidine | 1.3.1 H2-receptor antagonists | TF | Enzyme inhibitor so can be more difficult to initiate. Famotidine remains on WoSF as H2 antagonist option. |
| Sucralfate | 1.3.3 Chelates and complexes | TF | |
| Misoprostol | 1.3.4 Prostaglandin analogues | PL | |
| Omeprazole orodispersible | 1.3.5 Proton pump inhibitors | TF | Preference for lansoprazole dispersible as |

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| | | | licensed for use in NG tubes. |
| Telotristat | 1.4.3 Carcinoid Syndrome Diarrhoea | TF | Specialist drug. Other treatment options for less specific diarrhoea causes remain (oral rehydration, loperamide) |
| Sulfasalazine | 1.5.1 Aminosalicylates | TF | Other treatment options remain (mesalazine, budesonide, prednisolone) |
| Olsalazine | 1.5.1 Aminosalicylates | TF | Other treatment options remain (mesalazine, budesonide, prednisolone) |
| Tofacitinib | 1.5.3 Drugs affecting the immune response | TF | Other JAK inhibitors are now available which offer safer and more effective alternatives to this. Alternatives for ulcerative colitis are filgotinib, upadacitinib |
| Teduglutide | 1.5.6 Medicines for Short Bowel Syndrome | TF | It was felt that this medicine should be considered by the Nutrition & Blood group. Remaining options for SBS are loperamide, PPIs, codeine, octreotide |
| Co-danthrusate | 1.6.2 Stimulant laxatives | TF | Co-danthrusate has been discontinued. Remaining stimulant laxatives are senna, sennosides, bisacodyl. |
| Magnesium sulfate | 1.6.4 Osmotic laxatives | TF | Remaining osmotic laxatives are lactulose and macrogol compounds |
| Sodium picosulfate | 1.6.5 Bowel cleansing preparations | PL | Remaining options are Plenvu and Moviprep |
| Methylnaltrexone bromide | 1.6.6 Peripheral opioid-receptor antagonists | TF | Remaining treatment options are naloxegol, naldemedine |
| Arachis oil | 1.6.3 Faecal softeners | TF | Remaining options are macrogol compound and docusate |
| Fleet Phospho-soda | 1.6.5 Bowel cleansing preparations | TF | Cleen Ready-to-use (formerly Fleet Ready-to-use included instead |
| Lidocaine | 1.7.1 Soothing haemorrhoidal preparations | TF | Remaining options are Anusol, |

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| | | | cinchocaine+prednisolone, Anusol HC |
| Hydrocortisone | 1.7.2 Compound haemorrhoidal preparations with corticosteroids | TF | Remaining options are Anusol HC, cinchocaine+prednisolone |
| Odevixibat | 1.9.1 Drugs affecting biliary composition and flow | TF | This is an ultra-orphan medicine. Can be prescribed off-formulary, if indicated |
| Bismuth, metronidazole, tetracycline (Pylera) | 1.10 Helicobacter pylori infection | TF | Will now be listed in infection section |

Prescribing restriction changes compared to GGC formulary

| Drug | GGC | WoS | Comments |
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| Hyoscine butylbromide injection | SI | None | |
| Lansoprazole capsules | None | SR, UI restriction only for the treatment of short bowel syndrome | |
| Lansoprazole orodisp. | SI | None | WoSF prescribing note directs use to patients with swallowing difficulties and NG or PEG tubes |
| Omeprazole capsules | None | SR restriction only for the treatment of short bowel syndrome UI (Only for eosinophilic oesophagitis) | Listings in other pathways do not restrict prescriber group (ulcers, dyspepsia, GORD etc) This condition was not specifically mentioned, therefore off-label use not highlighted. |
| Loperamide | None | SR restriction only for the treatment of short bowel syndrome | Use for acute or chronic diarrhoea remains unrestricted |
| Codeine | None | SR restriction only for the treatment of short bowel syndrome | Use for diarrhoea remains unrestricted |
| Mesalazine | PL, none | SR for rectosigmoid IBD, induction & remission of UC | GGCF entry linked to NPT stating dosing & titration based on |

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| | | | specialist recommendation. Reflects current GGC practice. |
| Lactulose | None | SR in the following pathways: Prophylaxis of hepatic encephalopathy | Available without restrictions for other indications. |
| Colestyramine | None, PL | SR | All medicines for bile acid malabsorption are flagged as SR |