

medicines and Biosimilar medicines, under Guidance on prescribing p. 1.

● PATIENT AND CARER ADVICE

Tuberculosis Patients and carers should be advised to seek medical attention if symptoms suggestive of tuberculosis (e.g. persistent cough, weight loss, and fever) develop. **Blood disorders** Patients and carers should be advised to seek medical attention if symptoms suggestive of blood disorders (such as fever, sore throat, bruising, or bleeding) develop.

Hypersensitivity reactions Patients and carers should be advised to keep Alert card with them at all times and seek medical advice if symptoms of delayed hypersensitivity develop.

Alert card An alert card should be provided.

● NATIONAL FUNDING/ACCESS DECISIONS

NICE decisions

▶ **Infliximab for Crohn's disease (May 2010)** NICE TA187

In children over 6 years of age, infliximab is recommended for the treatment of severe active Crohn's disease that has not responded to conventional therapy (including corticosteroids and other drugs affecting the immune response, and primary nutrition therapy) or when conventional therapy cannot be used because of intolerance or contra-indications.

Infliximab should be given as a planned course of treatment for 12 months or until treatment failure, whichever is shorter. Treatment should be continued beyond 12 months only if there is evidence of active disease—in these cases the need for treatment should be reviewed at least annually. If the disease relapses after stopping treatment, infliximab can be restarted.

www.nice.org.uk/guidance/ta187

▶ **Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (February 2015)** NICE TA329

Infliximab is an option for treating severely active ulcerative colitis in children aged 6–17 years whose disease has responded inadequately to conventional therapy including corticosteroids and mercaptopurine or azathioprine, or who are intolerant to or have contra-indications for conventional therapies.

Infliximab should be given as a planned course of treatment until treatment fails (including the need for surgery) or until 12 months after starting treatment, whichever is shorter. Treatment should be continued only if there is clear evidence of a response. Patients who continue treatment should be reassessed every 12 months to determine whether ongoing treatment is still clinically appropriate.

www.nice.org.uk/guidance/ta329

● MEDICINAL FORMS There can be variation in the licensing of different medicines containing the same drug.

Powder for solution for infusion

CAUTIONARY AND ADVISORY LABELS 10

▶ **Flixabi** (Biogen Idec Ltd) ▼

Infliximab 100 mg Flixabi 100mg powder for concentrate for solution for infusion vials | 1 vial [PoM](#) £377.00 (Hospital only)

▶ **Inflextra** (Pfizer Ltd)

Infliximab 100 mg Inflextra 100mg powder for concentrate for solution for infusion vials | 1 vial [PoM](#) £377.66 (Hospital only)

▶ **Remicade** (Merck Sharp & Dohme Ltd)

Infliximab 100 mg Remicade 100mg powder for concentrate for solution for infusion vials | 1 vial [PoM](#) £419.62 (Hospital only)

▶ **Remsima** (Napp Pharmaceuticals Ltd)

Infliximab 100 mg Remsima 100mg powder for concentrate for solution for infusion vials | 1 vial [PoM](#) £377.66 (Hospital only)

▶ **Zessly** (Sandoz Ltd) ▼

Infliximab 100 mg Zessly 100mg powder for concentrate for solution for infusion vials | 1 vial [PoM](#) £377.66 (Hospital only)

1.3 Irritable bowel syndrome

Irritable bowel syndrome

24-Feb-2016

Description of condition

Irritable bowel syndrome (IBS) is a gastrointestinal disorder characterised by abdominal pain or discomfort that may be relieved by defaecation. It can also be associated with the passage of mucus, bloating, and disordered defaecation; either diarrhoea, constipation, or alternating diarrhoea and constipation. Constipation presents with straining, urgency, and a sensation of incomplete evacuation. Before a diagnosis of IBS is made, the symptoms should be present at least once per week for at least 2 months and other potential pathological causes of the symptoms should be excluded. IBS symptoms are often aggravated by psychological factors, such as anxieties, emotional stress, and fear.

Aims of treatment

Treatment of IBS is focused on symptom control in order to improve quality of life, including minimising abdominal pain and normalising the frequency and consistency of stools.

Non-drug treatment

[EvGr](#) There is no evidence of the effectiveness of any form of dietary advice or increased fibre intake in children and it is not known whether dietary advice recommended to adult patients is of benefit to children. [A](#)

[EvGr](#) Eating regularly, limiting fresh fruit intake, and reducing intake of 'resistant starch' and insoluble fibre (e.g. bran) can be recommended. If an increase in dietary fibre is required, soluble fibre such as oats, ispaghula husk p. 45, or sterculia p. 46 can be recommended. Ensuring a sufficient intake of fluids can also be recommended. [E](#)

Drug treatment

[EvGr](#) Clinicians should only prescribe drugs for children with IBS in cases of severe symptoms that have not responded to non-drug approaches. Treatment options include laxatives, antimitility drugs or antispasmodic drugs. [A](#)

[EvGr](#) A laxative can be used to treat abdominal pain if the underlying cause is suspected to be constipation. An osmotic laxative, such as a macrogol or lactulose p. 46, is preferred; lactulose may cause flatulence during the first few days of treatment. Loperamide hydrochloride p. 54 may relieve diarrhoea and antispasmodic drugs may relieve pain. [E](#)

ANTISPASMODICS

Mebeverine with ispaghula husk

19-May-2020

The properties listed below are those particular to the combination only. For the properties of the components please consider, mebeverine hydrochloride p. 69, ispaghula husk p. 45.

● INDICATIONS AND DOSE

Irritable bowel syndrome

▶ BY MOUTH

▶ Child 12–17 years: 1 sachet twice daily, in water, morning and evening, 30 minutes before food and 1 sachet daily if required, taken 30 minutes before midday meal

● **DIRECTIONS FOR ADMINISTRATION** Contents of one sachet should be stirred into a glass (approx. 150 mL) of cold water and drunk immediately.