NHS
Suffolk and
North East Essex

Position Statement for Combined Mebeverine Products

FYBOGEL MEBEVERINE SACHETS
ISPAGHULA HUSK MEBEVERINE SACHETS

Summary

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) does not support the prescribing of Fybogel mebeverine or generic ispaghula husk with mebeverine sachets for patients with irritable bowel syndrome (IBS) other than those patients with a clinical need for both products to be prescribed, who are gaining a continued benefit from the medication and who have swallowing difficulties.

Soluble fibre, such as ispaghula husk, is an effective treatment for global symptoms and abdominal pain in IBS. Some antispasmodics may be beneficial in some patients for relief of global symptoms and abdominal pain although meta-analyses have not shown mebeverine to perform better than placebo.

COMBINED PRODUCT IN THERAPY

In most cases, there is no cost benefit in providing the combined product. The hospitals have a substitution policy and will prescribe the elements separately. There is a cost benefit in substituting the combined product sachets with ispaghula husk sachets and mebeverine 135mg tablets where the patient can swallow tablets safely and experiences a benefit in their symptoms from using both medicines.

There is a benefit of using the combined product where there is a clinical benefit from receiving both products, but swallowing difficulties preclude the use of mebeverine tablets. In this instance if the patient can swallow the combined product, then this is the most cost-effective choice.

Mebeverine suspension (special) should be reserved for patients who are unable to swallow tablets or the combined product sachets and are still experiencing benefit from the use of the medication. This includes patients with enteral feeding tubes.

DEPRESCRIBING ADVICE

- Existing patients should be reviewed to assess whether they are still experiencing benefits from the use of the product.
- Stop prescribing if no benefit is being achieved from the combined product.
- Consider prescribing components individually as ispaghula husk and mebeverine 135mg tablets where the patient can swallow these safely.
- All prescribing should be reviewed for cost-effectiveness

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NEW PATIENTS

Do not prescribe as first line for any patient.

The place in therapy is only as a step up for a patient

- with global symptoms of IBS or abdominal pain AND
- who is unable to swallow tablets AND
- is already taking ispaghula husk with some beneficial effect AND
- may benefit from an 8-week trial of an antispasmodic.

The medication can be continued if benefit is observed. Regular reviews should be undertaken to ensure that benefit is still present and to evaluate whether the patient is now able to swallow tablets. If no benefit is being seen then the patient should be stepped back to ispaghula husk sachets.

FURTHER SUPPORT

- Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via: E-mail: pals@snee.nhs.uk or Telephone: 0800 389 6819

REFERENCES

National Institute of Health and Care Excellence. (2008) *Irritable bowel syndrome in adults: diagnosis and management* (NICE Guideline No. 61). www.nice.org/guidance/cg61

Vasant DH, Paine PA, Black CJ, et al. (2021) British Society of Gastroenterology guidelines on the management of irritable bowel syndrome. *Gut* ,70,1214–1240. http://dx.doi.org/10.1136/gutjnl-2021-324598

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