Amber with Guidance (Amber-G) = To be recommended or initiated by a specialist with follow up prescribing and monitoring by primary care clinicians.*
**Specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme, or who has the appropriate knowledge and competencies within the described area of practice.*

Barnsley Hospital NHS Foundation Trust | South West Yorkshire Partnership NHS Foundation Trust | South Yorkshire Integrated Care Board

Sucralfate 1g/5ml oral suspension sugar-free (SF) (licensed preparation) and Sucralfate 1gram tablets (unlicensed preparation) for benign gastric ulceration, benign duodenal ulceration, chronic gastritis, prophylaxis of stress ulceration in adults.

The details of side-effects, cautions, contraindications and interactions are not a complete list and the current BNF (https://www.medicinescomplete.com/#/) remains authoritative. *At the time of writing no SPC was available.*

Background Information[1]	Sucralfate sugar free oral suspension 1g/5ml is a licensed preparation with a fixed price in the Drug tariff. The cost of this licensed preparation has increased substantially over the years. This guideline has been updated to include the unlicensed sucralfate 1g tablets. Sucralfate 1g/5ml oral suspension sugar-free or sucralfate 1g tablets are to be recommended or initiated by a specialist with follow up prescribing and monitoring by primary care clinicians. **Do not** prescribe unlicensed sucralfate liquid preparations as the cost of these can vary substantially.
Therapeutic class[1]	Gastro-intestinal system/Disorders of gastric acid and ulceration/Gastric and duodenal ulceration/Chelates and complexes.
Indication[1]	• Sucralfate is a complex of aluminium hydroxide and sulfated sucrose which forms a barrier to protect the mucosa from acid, pepsin and bile attack in gastric and duodenal ulcers. • Sucralfate 1g/5ml oral suspension SF is licenced for benign gastric ulceration, benign duodenal ulceration, chronic gastritis and prophylaxis of stress ulceration in adults. • Sucralfate 1g tablets are an unlicensed formulation for benign gastric ulceration, benign duodenal ulceration and chronic gastritis and prophylaxis of stress ulceration in adults.
Dosage and administration[1]	• **Benign gastric ulceration and benign duodenal ulceration; dose by mouth:** **Adults:** 2 g twice daily, dose to be taken on rising and at bedtime, alternatively 1 g 4 times a day for 4–6 weeks, or in resistant cases up to 12 weeks, dose to be taken 1 hour before meals and at bedtime; maximum 8 g per day. • **Chronic gastritis; dose by mouth:** **Adults:** 2 g twice daily, dose to be taken on rising and at bedtime, alternatively 1 g 4 times a day for 4–6 weeks or in resistant cases up to 12 weeks, dose to be taken 1 hour before meals and at bedtime; maximum 8 g per day. • **Prophylaxis of stress ulceration; dose by mouth:** **Adults:** 1 g 6 times a day; maximum 8 g per day • Sucralfate oral suspension 1g/5ml SF is available as a 200ml bottle. • Sucralfate 1g oral tablets are available to order as a pack of 40 or 60 tablets. • To be given 1 hour before meals. • Separate co-administration with enteral feeds by 1 hour. Oral suspension blocks fine-bore feeding tubes, refer to NEWT guidelines for further information.

Cautions and Contraindications[1,2]	**Contraindications** • Hypersensitivity to sucralfate or any of the other ingredients of Sucralfate 1g/5ml Oral Suspension SF.[2] • Patient is on dialysis.[2] **Cautions** • Patients under intensive care: Bezoar* formation: Following reports of bezoar* formation associated with sucralfate, caution is advised in seriously ill patients, especially those receiving concomitant enteral feeds or those with predisposing conditions such as delayed gastric emptying. • Renal impairment: Should be used with caution in patients with renal impairment due to potential accumulation of aluminium. • Contains hydroxybenzoates. May cause allergic reactions and delayed allergic reactions.[2]
Pregnancy and breast feeding[1,2]	• Pregnancy - No evidence of harm; absorption from gastro-intestinal tract negligible. Safety in pregnancy has not been established. • Breast feeding – It is not known whether this drug is excreted in breast milk. Advise caution when administered to breast feeding women. Amount probably too small to be harmful.
Adverse Drug Reactions[1,2]	• Common – constipation • Uncommon – dry mouth, nausea • Rare/very rare – bezoar* formation, rash. • Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme: www.mhra.gov.uk/yellowcard
Monitoring	• No specific therapeutic monitoring is recommended for sucralfate.
Interactions[1,2,3]	• Sucralfate may decrease the gastrointestinal absorption of furosemide (take the drugs at least 2 hours apart). • Sucralfate decreases the absorption of Digoxin. Manufacturer advises separate administration by 2 hours. • Due to the potential of sucralfate to decrease absorption of many other medicines including quinolones, amitrityline tetracycline, ketoconazole, sulpiride, warfarin, phenytoin, quinine, doxycycline, demeclocycline, H2 antagonists, levothyroxine and theophylline (among others) it is recommended to leave a two hour gap between taking sucralfate (oral suspension or tablets) and other medicines. • For "antacid" medicines, the gap between taking antacid and sucralfate should be at least half an hour.Sucralfate should not be co-administered with citrate preparations. Co-administration of citrate preparations with sucralfate may increase the blood concentration of aluminium. The mechanism may be due to chelation of aluminium which is assumed to increase its absorption. • Consult the BNF for further information.
Ordering information[4]	• **Do not** prescribe unlicensed sucralfate liquid preparations. Please ensure correct product selection on primary care clinical systems. • At the time of writing AAH and Sigma supply the licensed sucralfate 1g/5ml oral suspension SF. • Sucralfate 1g tablets are an imported special-order product. Procurement by the pharmacy could take considerably longer than a stocked product and may incur a special-order fee.

*A bezoar is a tightly packed collection of partially digested or undigested material that most commonly occurs in the stomach. Gastric bezoars can occur in all age groups and often occur in patients with behaviour disorders, abnormal gastric emptying, or altered gastrointestinal anatomy. Many bezoars are asymptomatic, but some cause symptoms. Some bezoars can be dissolved chemically, others require endoscopic removal, and some even require surgery.

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BHNFT Gastroenterology Department: https://www.barnsleyhospital.nhs.uk/service/gastroenterology/

References

1. British National Formulary (BNF). Available from: https://bnf.nice.org.uk/drugs/sucralfate/ Accessed 20/05/2024.
2. SPC . Antepsin tablets 1g. Available at: https://imedi.co.uk/antepsin-1g/summary#google_vignette. Accessed 20/05/2024.
3. National Institute of Clinical Excellence (NICE) Clinical Knowledge Summaries Prescribing information, diuretics... Available from: Accessed 20/05/2024.
4. PIL sucralfate. Available at: https://mhraproducts4853.blob.core.windows.net/docs/100c23f67be739f5b78dbb07576693ff41fdc5f8. Accessed 07/06/2024
5. NHS dm+d browser. Available from: https://services.nhsbsa.nhs.uk/dmd-browser/vmp/view/2174/suppliers?ref=YW1wTmFtZT1zdWNyYWxmYXRlK3N1c3BlbnNpb24mc2VhcmNoVHlwZT1BTVAmc2hvd0ludmFsaWRJdGVtcz1mYWxzZSZoaWRlUGFyYWxsZWxJbXBvcnQ9ZmFsc2UmaGlkZVNwZWNpYWxPcmRlcj1mYWxzZSZoaWRlRGlzY29udGludWVkSXRlbXM9ZmFsc2U%3D Accessed 20/05/2024.

Development Process

This guidance has been produced following an AMBER-G classification status of sucralfate 1g/5ml oral suspension SF and sucralfate 1g tablets (unlicensed) by the Barnsley Area Prescribing Committee. This guideline has been subject to consultation and endorsement by the gastroenterologists and was ratified by the Area Prescribing Committee on 11th September 2024.