

**Position Statement:** *To be adhered to in line with the CCG Prescribing Policy*

Treatment	<b>Vitamin and Mineral Supplements</b>
<b>Commissioning position</b>	<p>In line with <a href="#">NHS England guidance</a><sup>1</sup> the prescribing of vitamins and minerals is low clinical priority and the routine prescribing of vitamins and minerals will <b>not be supported on prescription</b> unless indicated for an actual vitamin or mineral deficiency.</p> <p>The prescribing of vitamins and minerals on the NHS is only recommended by the Advisory Committee on Borderline Substances (ACBS) for the prevention and treatment of specific deficiency states or where interventions are recommended.</p> <p>Vitamins and Minerals should not be prescribed on prescription as a general 'pick me up' or as a dietary supplement and should be purchased as 'self-care' over the counter (OTC) with the support of a community pharmacist.</p>
<b>Background</b>	<p>Vitamins and Minerals are essential nutrients which most people should get from eating a healthy, varied and well-balanced diet. Patients should be advised to follow recommendations on <a href="#">The Eatwell Guide</a><sup>2</sup> which advises on what to eat to achieve a health balanced diet. (<a href="http://www.nhs.uk/live-well/eat-well/the-eatwell-guide">www.nhs.uk/live-well/eat-well/the-eatwell-guide</a>)</p> <p>Taking too many vitamins and minerals or for too long can be harmful.</p>
<b>Vitamins and Minerals with approved indications to prescribe</b>	<p><b>Abidec®</b></p> <ul style="list-style-type: none"> <li>• For use in premature babies up to 6 months of age only and patients with cystic fibrosis where there is malabsorption.</li> </ul> <p><b>Calcium and Vitamin D preparations</b></p> <ul style="list-style-type: none"> <li>• For use in line with vitamin D guidance to correct a deficiency or inadequacy, only for patients with osteoporosis, osteopenia, hyperparathyroidism, history of hypercalcaemia or receiving parenteral osteoporosis treatment, where calcium and vitamin D are required.</li> <li>• For use post bariatric surgery in line with The British Obesity and Metabolic Surgery Society (BOMSS) <a href="#">guidance</a><sup>3</sup>.</li> </ul> <p><b>Folic acid 5mg</b> For licensed indications:</p> <ul style="list-style-type: none"> <li>• Folate deficient megaloblastic anaemia</li> <li>• For the prevention of neural tube defects for woman planning a pregnancy and known to be at risk</li> <li>• Prevention of neural tube defects in those with sickle cell disease</li> <li>• Prevention of methotrexate induced side effects in rheumatic disease, Crohn's disease or severe psoriasis</li> <li>• Prophylaxis in chronic haemolytic states</li> <li>• Prophylaxis of folate deficiency in dialysis</li> <li>• Prophylaxis of folate deficiency in patients receiving parenteral nutrition</li> </ul> <p><b>Hydroxocobalamin (Vitamin B<sub>12</sub>) see Vitamin B</b></p> <p><b>Iron</b></p> <ul style="list-style-type: none"> <li>• For treatment of iron-deficiency anaemia</li> </ul>

	<ul style="list-style-type: none"> <li>• For use post bariatric surgery in line with The British Obesity and Metabolic Surgery Society (BOMSS) <a href="#">guidance</a><sup>3</sup>.</li> </ul> <p><b>Renavit®</b></p> <ul style="list-style-type: none"> <li>• Vitamin deficiency in adults with renal failure on dialysis</li> </ul> <p><b>Vitamin B<sub>12</sub> : Hydroxocobalamin</b>  <b>For licensed indications and in line with the management of Vitamin B<sub>12</sub> deficiency in primary care prescribing guidelines:</b></p> <ul style="list-style-type: none"> <li>• Prophylaxis of macrocytic anaemias associated with vitamin B<sub>12</sub> deficiency</li> <li>• Pernicious anaemia and other macrocytic anaemias without neurological involvement</li> <li>• Tobacco amblyopia</li> <li>• Leber's optic atrophy</li> <li>• For use post bariatric surgery in line with The British Obesity and Metabolic Surgery Society (BOMSS) <a href="#">guidance</a><sup>3</sup>.</li> </ul> <p><b>Vitamin B<sub>1</sub>: Thiamine</b>  NICE guidance <a href="#">CG100</a><sup>4</sup> &amp; <a href="#">CG115</a><sup>5</sup> recommends oral thiamine for harmful or dependent drinkers if any of the following apply:</p> <ul style="list-style-type: none"> <li>• if they are malnourished or at risk of malnourishment</li> <li>• they have decompensated liver disease</li> <li>• they are in acute withdrawal</li> <li>• before a planned medically assisted alcohol withdrawal</li> <li>• high risk of developing Wernicke's encephalopathy.</li> </ul> <p>They DO NOT RECOMMEND the prescribing of vitamin B complex preparations. If it is considered that the prescribing of a vitamin B complex preparation is justifiable the <u>vitamin B compound strong tablets</u> represent a more affordable option than vitamin B compound tablets.  Additional information on vitamin B in alcoholism is given in the November 2019 <a href="#">RMOG statement</a><sup>6</sup></p> <p><b>Vitamin D: D<sub>2</sub> Ergocalciferol or D<sub>3</sub> Colecalciferol</b></p> <ul style="list-style-type: none"> <li>• Prescribe loading doses to correct deficiency as per guidance</li> <li>• Prescribe maintenance regimes only for patients with osteoporosis, osteopenia, hyperparathyroidism, history of hypercalcaemia or receiving parenteral osteoporosis treatment</li> <li>• Other patients should be advised to purchase OTC colecalciferol</li> </ul> <p><i>(link to updated guidance to be added)</i></p> <p><b>Vitamin E: Alpha tocopheryl acetate / Tocopherol</b>  For treatment of Vitamin E deficiency in:</p> <ul style="list-style-type: none"> <li>• Malabsorption in cystic fibrosis</li> <li>• Deficiency in cholestasis and severe liver disease</li> <li>• Malabsorption in abetalipoproteinaemia</li> </ul> <p><b>Zinc Sulphate</b>  For treatment of zinc deficiency only</p>
<p><b>Vitamins and minerals NOT approved to prescribe</b></p>	<p>General multivitamins (any brands e.g. Centrum®, Seven Seas® products, Haliborange®). <i>This list is not exhaustive.</i></p>

**Calcium and Vitamin D**

- For prevention of fractures in low risk patients living in the community.
- A Cochrane review<sup>7</sup> of the evidence for the absolute risk reduction for any fracture for low risk patients over two years is very small (0.2%) and only just significantly significant (p=0.49).

**Cod liver oil and other fish oils****Co-enzyme Q10 (ubidecarenone, ubiquinone)****Dalivit<sup>®</sup>**

**Folic acid 400mcg** - considered to be self-care

**Glucosamine (+/- Chondroitin)**

- Considered by the BNF as less suitable for prescribing.
- There can be variation in the licensing of different medicines.

**Healthy Start Vitamins**

- These are not prescribed but are available free of charge to eligible patients or to purchase from local distribution points. More information is available on the [Healthy Start](http://www.healthystart.nhs.uk) website [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)<sup>8</sup>

**Iron with normal haemoglobin**

- If haemoglobin is normal but ferritin low, other lifestyle advice and patients can purchase OTC supplements.
- May be prescribed in patients post bariatric surgery in line with BOMSS guidelines

**Lutein and antioxidants (e.g. vitamin A, C, E and zinc)**

- There is insufficient evidence that they delay or prevent the onset of Acute Macular Degeneration (AMD).

**Pregnacare<sup>®</sup>****Vitamin B**

- If used as a general 'pick me up'
- Vitamin B compound tablets
- Riboflavin (Vitamin B<sub>2</sub>) including for migraine prophylaxis

**Vitamin B Cyanocobalamin<sup>9</sup>**

- Oral cyanocobalamin considered by the BNF<sup>10</sup> as less suitable for prescribing. Patients should be treated in line with the management of Vitamin B<sub>12</sub> deficiency in primary care.

**Vitamin C: Ascorbic acid****Vitamin D supplementation**

- All adults living in the UK, including people at increased risk of Vitamin D deficiency should take a daily supplement containing 400 international units [IU (10micrograms)] of vitamin D throughout the year, including the winter months. Preparations (tablets, capsules and liquids) containing 400IU of vitamin D can be purchased from a pharmacy or other retailer. Allergies and dietary restrictions should be considered before buying these preparations to ensure their content is safe and appropriate.
- Pregnant and breastfeeding women eligible for the NHS [Healthy Start](http://www.healthystart.nhs.uk) scheme can obtain free vitamin tablets by taking their coupon to their

	<p>local distribution point. Non eligible women can purchase supplements OTC.</p> <ul style="list-style-type: none"> <li>• <a href="#">NICE CKS</a><sup>11</sup> advise that all children and young people living in the UK, including those at increased risk of vitamin D deficiency, should take a daily vitamin D supplement throughout the year, including in the winter months.</li> <li>• Infants aged 6 months to 5 years should take a daily vitamin supplement containing vitamin D to help them meet the daily requirement for this age group of 340–400 IU (8.5–10 micrograms) - unless they are receiving over 500ml of formula milk per day.</li> <li>• NHS <a href="#">Healthy Start</a> vitamins (containing vitamin D) are provided free of charge if eligible.</li> <li>• For children who are not eligible for the free Healthy Start vitamin drops, multivitamin preparations (tablets, capsules, and liquids) can be purchased from pharmacies. Allergies and dietary restrictions should be considered before buying these preparations to ensure that their content is safe and appropriate.</li> <li>• Vitamin D maintenance<sup>12</sup> (except for the indications listed in the approved indications to prescribe should be in line with local guidance: <i>Vitamin D deficiency and insufficiency in adults (link to new published guidelines to be added)</i>)</li> </ul> <p><b>Vitamin supplements after bariatric surgery</b></p> <ul style="list-style-type: none"> <li>• Patients should purchase Forceval<sup>®</sup> capsules and take one a day or choose an alternative A-Z multivitamin and mineral preparation in order to get all the vitamins and minerals needed.</li> <li>• The following preparations are also suitable, but the dietitian’s advice is to take two tablets per day of any of these: <ul style="list-style-type: none"> <li>• Sanatogen A-Z complete</li> <li>• Superdrug A-Z multivitamins and minerals</li> <li>• Tesco’s A-Z multivitamin and minerals</li> <li>• Lloyds Pharmacy A-Z multivitamin and minerals</li> </ul> </li> </ul> <p>These preparations have been recommended by The British Obesity and Metabolic Surgery Society (BOMSS)<sup>3</sup> as they contain the correct balance of vitamins, minerals and trace elements.</p>
<b>Approved Date for Review</b>	June 2020 June 2023 <i>or sooner if additional national guidance and/or published evidence is made available</i>
<b>References</b>	<ol style="list-style-type: none"> <li>1. NHSE Items which not be routinely prescribed in primary care. Guidance for CCG’S. Accessed at: <a href="https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</a></li> <li>2. The Eatwell Guide. Accessed at: <a href="http://www.nhs.uk/live-well/eat-well/the-eatwell-guide">www.nhs.uk/live-well/eat-well/the-eatwell-guide</a></li> <li>3. British Obesity &amp; Metabolic Surgery Society Guidance. Accessed at: <a href="https://www.bomss.org.uk/wp-content/uploads/2014/09/BOMSS-guidelines-Final-version1Oct14.pdf">https://www.bomss.org.uk/wp-content/uploads/2014/09/BOMSS-guidelines-Final-version1Oct14.pdf</a></li> <li>4. NICE CG 100. Alcohol-use disorders: diagnosis and management of physical complications; 2017. Accessed at: <a href="https://www.nice.org.uk/guidance/cg100">https://www.nice.org.uk/guidance/cg100</a></li> <li>5. NICE CG 115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol</li> </ol>

	<p>dependence.  Accessed at: <a href="https://www.nice.org.uk/guidance/cg115">https://www.nice.org.uk/guidance/cg115</a></p> <p>6. Regional Medicines Optimisation Committee. Statement on oral Vitamin B supplementation in alcoholism.  Accessed at: <a href="https://www.sps.nhs.uk/wp-content/uploads/2019/12/RMOC-position-statement-oral-vitamin-B-supplementation-in-alcoholism-v1.0-1.pdf">https://www.sps.nhs.uk/wp-content/uploads/2019/12/RMOC-position-statement-oral-vitamin-B-supplementation-in-alcoholism-v1.0-1.pdf</a></p> <p>7. Cochrane Review, April 2014. Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men.  Accessed at: Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men. - PubMed – NCBI</p> <p>8. Healthy Start vitamins. Accessed at: <a href="http://www.healthystart.nhs.uk">www.healthystart.nhs.uk</a></p> <p>9. Oral vitamin B12 compared with intramuscular vitamin B12 for vitamin B12 deficiency.  Accessed at:  <a href="https://www.cochrane.org/CD004655/ENDOC_oral-vitamin-b12-compared-intramuscular-vitamin-b12-vitamin-b12-deficiency">https://www.cochrane.org/CD004655/ENDOC_oral-vitamin-b12-compared-intramuscular-vitamin-b12-vitamin-b12-deficiency</a></p> <p>10. British National Formulary. Accessed online at:  <a href="https://bnf.nice.org.uk/drug/cyanocobalamin.html#indicationsAndDoses">https://bnf.nice.org.uk/drug/cyanocobalamin.html#indicationsAndDoses</a></p> <p>11. NICE CKS Vitamin D deficiency in children. Accessed at:  <a href="https://cks.nice.org.uk/vitamin-d-deficiency-in-children">https://cks.nice.org.uk/vitamin-d-deficiency-in-children</a></p> <p>12. Clinical Knowledge Summaries. Vitamin D deficiency in adults – treatment and prevention. November 2016. Accessed at:  Vitamin D deficiency in adults - treatment and prevention - NICE CKS</p> <p>13. PRESCQIPP Bulletin. Accessed at: <a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-107-vitamins-and-minerals-drop-list/">https://www.prescqipp.info/our-resources/bulletins/bulletin-107-vitamins-and-minerals-drop-list/</a></p>
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