Treatment Guideline



Vitamins & Minerals Policy

NHS England Review 2018

In 2018, NHS England reviewed the prescribing of items that can be purchased over the counter for a range of conditions. It was concluded that vitamins and minerals should not be routinely prescribed in **primary care** apart from in the exceptions listed below.

Vitamins and minerals were classified as:

'Items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness; however there may be certain indications where they may continue to be prescribed'

'Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.'

'Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market.'

Exceptions (i.e. where NHS prescribing is permitted)

- Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis.
 NB maintenance or preventative treatment is **not** an exception.
- Calcium and vitamin D for osteoporosis.
- Malnutrition including alcoholism (see NICE guidance)
- Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)
- Vitamin D analogues such as alfacalcidol that are prescription only medicines

Link to Primary Care 'Do Not Prescribe' List

Patients who are admitted to the Trust Hospitals on prescribed vitamin and / or mineral preparations that are **not** on the Trust approved list will not receive a supply of these from pharmacy unless requested by a dietitian. They will be able to use their own supply on the ward if this is available or reserve these for use on discharge. It is recommended that, if these vitamins are prescribed on the in-patient chart, the patient is advised that they will need to arrange for a supply to be brought from home should they wish to continue. It is acceptable to state that we feel there is limited evidence for their benefit – particularly for a short hospital stay. If patients' own medicines are not available, the administration section should be crossed through to indicate that they will not be given during the hospital stay.

Catherine Bienvenu Approved by Drug & Therapeutics Committee June 2022 Review Date: June 2025

GHNHSFT Approved List (see also 'exceptions' above)

	Vitamin	Indication
Vitamin A	Vitamin A	Neonatal patients
		Proven deficiency (low serum levels)
	Vitamin A&D capsules	Paediatric cystic fibrosis patients
B group vitamins	Riboflavin	Paediatric patients
		Proven deficiency (low serum levels)
	Thiamine	Thiamine deficiency
		Prevention of Wernicke's encephalopathy, as per Trust Alcohol Detoxification Guideline.
		Refeeding syndrome prevention as per Trust Guidelines:
		Adult Refeeding Syndrome Prevention Paediatric Refeeding Syndrome
		Refeeding syndrome prevention as per Trust Adult Enteral Feeding Starter Regimen Procedure
		Hyperemesis gravidarum in pregnancy
	Pyridoxine	Prevention of isoniazid induced neuropathy.
		Proven deficiency (low serum levels)
	Hydroxocobalamin (IM)	Vitamin B12 deficiency as per Trust Guidelines https://www.gloshospitals.nhs.uk/gps/treatment-guidelines/vitamin-b12-deficiency-treatment-guideline/
	Cyanocobalamin oral	Vitamin B12 deficiency as per Trust guidelines https://www.gloshospitals.nhs.uk/gps/treatment-guidelines/vitamin-b12-deficiency-treatment-guideline/
	Vitamin B Co Strong	Proven deficiencies (low serum levels)
	Pabrinex® (IV)	Prevention and Treatment of Wernicke's encephalopathy as per Trust Alcohol Detoxification Guideline
		Refeeding syndrome prevention for patients on PN as per Trust Adult Refeeding Syndrome Prevention guideline
		Refeeding syndrome prevention as per Trust Adult Enteral Feeding Starter Regimen Procedure

Vitamin C	Ascorbic acid	Proven deficiency (low serum levels)
Vitamin D	Vitamin D Colecalciferol Alfacalcidol Calcitriol	As per Trust Guideline Treatment of Vitamin D deficiency https://www.gloshospitals.nhs.uk/gps/treatment-guidelines/vitamin-d-deficiency/ Paediatric cystic fibrosis patients Renal/parathyroid patients
Vitamin E	Vitamin E	Paediatric cystic fibrosis patients
		Proven deficiency (low serum levels)
Vitamin K	Vitamin K	Coagulopathy
		Reversal of warfarin
		Paediatric cystic fibrosis
Folic acid	Folic acid	Folate deficiency
		Prevention of neural tube defects
		Prevention of methotrexate induced side effects
Combination Products	Renavit®	Renal patients undergoing dialysis
	Paediatric multivitamins e.g. Dalivit®, Forceval Junior	Paediatric patients only
	Well Baby and Well Kid Forceval Junior	Refeeding syndrome prevention as per Trust Paediatric Refeeding Syndrome
	Forceval and Forceval soluble (multivitamins, minerals and trace elements)	Refeeding syndrome prevention for patients on PN as per Trust Adult Refeeding Syndrome Prevention guideline
		Refeeding syndrome prevention as per Trust Adult Enteral Feeding Starter Regimen Procedure
		Dietitian request e.g. post bariatric surgery
	Multivitamins (generic)	Dietitian request
	Vitamins BPC	Paediatric cystic fibrosis patients only
	Paravit-CF	Cystic fibrosis

Minerals	Calcium	As per local and national guidelines https://www.gloshospitals.nhs.uk/gps/treatment-guidelines/hypocalcaemia/ Osteoporosis: Calci D chewable is preferred calcium and vitamin D preparation in the Trust. Adcal D3 dissolve may be used when a soluble preparation is required.
		Adcal D3 caplets are available if the patient is unable to manage Calci D chewable. Adcal/Renacet phosphate binders
	Ferrous sulphate/gluconate/fumarate/	Treatment of iron deficiency anaemia as per local and national guidelines.
	Sodium feredetate (Sytron®)	Paediatric patients only
	Parenteral iron	Cosmofer Monofer Ferinject
	Selenium	Proven deficiency (low serum levels)
	Zinc	Proven deficiency (low serum levels)