

Policy Statement; Prescribing of vitamins and minerals is not supported unless for actual vitamin/mineral deficiency

Mid Essex Clinical Commissioning Group does not support the prescribing of vitamins and minerals unless indicated for actual vitamin/mineral deficiency

Prescribing of vitamins and minerals is a low clinical priority and is only appropriate where there is an ACBS approved indication, i.e. only in the management of actual or potential vitamin or mineral deficiency and not as dietary supplements or as a general "pick-me-up". See table of vitamins and minerals.

Vitamins and minerals are essential nutrients which most people should get from eating a healthy, varied and balanced diet. Patients should be advised that this can be achieved by eating a balance of starchy foods (wholegrain where possible) with plenty of fruit and vegetables (at least five portions a day); some protein-rich foods; some milk and dairy foods; and not too much fat, salt or sugar. This will give them all the nutrients they need. The [eatwell plate \(LINK\)](#) is very useful tool which can be used to demonstrate to people how a healthy, varied and balanced diet can be achieved and what proportion of each food type should be consumed.

Vitamins to supplement a patient's dietary preference or avoidance of certain food groups are not supported on prescription and should be purchased e.g. vegan, vegetarian, diet due to religious beliefs, food preferences or dislikes.

Recommendations

- Advise patients that eating a healthy, varied and well balanced diet should provide the vitamins and minerals needed.
- Review all patients prescribed vitamin and mineral preparations and ensure that all prescribing is in-line with an ACBS approved indication, i.e. only in the management of actual or potential vitamin or mineral deficiency; they are not to be prescribed as dietary supplements or as a general "pick-me-up".
- Discontinue prescribing of vitamins and minerals on FP10 for patients who are not being treated in-line with an ACBS approved indication.
- If patients still want to take vitamins and minerals for dietary supplementation or as a "pick-me-up" they should be advised that they should be purchased as self-care over-the-counter with the support of the community pharmacist.
- Do not initiate new prescriptions for vitamin and mineral preparations unless they are for the management of actual or potential vitamin or mineral deficiency in-line with an ACBS approved indication.
- Some patients may be eligible for NHS Healthy Start vitamins which are specifically designed for pregnancy, breastfeeding and growing children. They are available free of charge from local distribution points. More information is available from the Healthy Start website: <http://www.healthystart.nhs.uk/healthy-start-vouchers/healthy-start-vitamins/>
- Review all patients prescribed vitamin B and ensure that it is appropriate and the most cost effective preparation is prescribed.
- Certain patients with malnutrition may require a vitamin and mineral supplementation. Malnutrition is not covered by this policy statement.
- People with cystic fibrosis that require fat soluble vitamin supplementation (Paravit CF) are not covered by this policy.

Providers commissioned to provide services on behalf of Mid-Essex CCG are reminded that they are required to follow the Mid-Essex CCG formulary and prescribing guidance as detailed in their contract (Medicines Management Service Specification).

See Mid-Essex CCG website – Medicines Optimisation page for all prescribing guidance.

<http://midessexccg.nhs.uk/your-health-services/medicines-optimisation>

Table of vitamins/minerals/supplements

This is not an exhaustive list

Approved to prescribe list	Do Not prescribe list – can be purchased
<p>Thiamine – for prevention or treatment of Wernicke’s encephalopathy</p> <p>Vitamin D – high dose to correct deficiency courses >1000unit day</p> <p>Folic acid 5mg – for methotrexate patients or high risk in pregnancy e.g epilepsy , Body Mass Index > 30</p> <p>Iron for iron deficiency anaemia</p> <p>Renavit – for adults with renal failure on dialysis</p> <p>Ketovite® - specialist dietician recommendation only</p> <p>Pyridoxine – tuberculosis only</p> <p>Vitamin E - Vit E deficiency in cholestatis, severe liver disease, Cystic fibrosis, abetalipoproteinaemia.</p> <p>Paravit CF – cystic fibrosis only.</p>	<p>Cod liver oil</p> <p>Vitamin B – if used as general pick me up</p> <p>Vitamin B compound tablets</p> <p>Cyanocobalamin (Vitamin B12) tablets</p> <p>Riboflavin (Vitamin B2)</p> <p>Vitamin C</p> <p>Vitamin D – maintenance ≤1000 units/day</p> <p>Folic acid supplementation</p> <p>Co-enzyme Q10</p> <p>Tonics</p> <p>Homeopathic remedies</p> <p>General multivitamins (any brands e.g. centrum, Seven seas products, Haliborange, stores own brands etc.)</p> <p>Abidec, Dalivit</p> <p>Forceval®</p> <p>Ketovite®- without specialist recommendation</p> <p>Pyridoxine</p> <p>Vitamin B compound strong tablets</p> <p>Evening primrose oil</p>

Title	Multivitamins policy statement
Document reference	MultivitaminsPOL201811V2.0FINAL
References	<p>PrescQIPP DROP-List. Bulletin 107 September 2015</p> <p>https://www.prescqipp.info/-vitamins-and-minerals/send/212-vitamins-and-minerals-drop-list/2104-bulletin-107-vitamins-and-minerals-drop-list</p> <p>http://www.nhs.uk/Livewell/goodfood/Pages/the-eatwell-guide.aspx</p>
Author	Medicines Optimisation Team, Mid Essex CCG
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Previous version	Key Changes
-	New guidance
MultivitaminsPOL201606V1.0FINAL	<p>Addition regarding dietary preferences</p> <p>Addition of indications of when suitable to prescribe</p>