

**Bedfordshire, Luton and Milton Keynes Area Prescribing Committee
(BLMK APC)**

Prescribing Principals in Primary Care for Vitamins and Minerals

Version 1, March 2023

Review: March 2026

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes ICB; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

Introduction

Vitamins and minerals are essential nutrients which most people should be able to get from eating a healthy, varied and balanced diet.

There is insufficient high-quality evidence to demonstrate the clinical effectiveness of vitamins and minerals. 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 food supplements and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Healthcare products Regulatory Agency (MHRA) to confirm their quality, safety, and efficacy before reaching the market. It is therefore not deemed appropriate for such preparations to be routinely funded on the NHS.

Recommendations for prescribers:

- Counsel **all** patients on dietary sources of the deficient vitamin or mineral. Information about this can be found here: <https://www.nhs.uk/conditions/vitamins-and-minerals/>
- Discontinue prescribing of vitamins and minerals on FP10 for patients where treatment is not on the exceptions list.
- If patients wish to take vitamins and minerals for dietary supplementation or as a 'pick-me-up', they should be advised that these can be purchased as over the counter / self-care items.
- Those at risk of malnutrition (e.g. poor diet) should be counselled on how to obtain vitamins and minerals from food sources. Further information can be found on the NHS website, which list a range of sources of everyday foods that contain vitamins by type: <https://www.nhs.uk/conditions/vitamins-and-minerals/>
- See also [BLMK Oral nutritional supplements prescribing guidelines](#) for management of those at risk of malnutrition.

Exceptions List – prescribing appropriate:

- 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 (prophylactic) treatment is not an exception.
- Calcium and vitamin D for osteoporosis.
- Malnutrition including alcoholism.
- Patients suitable to receive Healthy Start Vitamins for pregnancy or children between the ages of six months to their fourth birthday. (NB. this is not on prescription but commissioned separately).

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NHS HealthyStart Scheme:

Patients who are more than 10 weeks pregnant or have a child under 4 may be entitled to get help to buy healthy food and milk and obtain a supply of vitamins. <https://www.healthystart.nhs.uk/>

Useful Resources:

- The Eatwell Guide <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/> is a useful tool which can be used to demonstrate to people how a healthy, varied and balanced diet can be achieved.
- The NHS Healthier Families website <https://www.nhs.uk/healthier-families/> contains practical advice for getting families active and eating well, including recipes and healthy food swap ideas

NB: Vitamin supplementation following bariatric surgery & for eating disorders is outside of the scope of this paper (see separate guidelines for details)

<https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/guideline/vitamin-and-mineral-supplementation-post-bariatric-surgery/>

NB: Separate guidelines are in development for eating disorders.

Table 1: Example indications and products (tables are not exhaustive)

Preparation	Example Indications	Prescribe or Self-care	Notes
Multivitamins			
Forceval	Medically diagnosed deficiency, malabsorption e.g. short bowel syndrome	Prescribe	Not licensed for under 12s
	Supplementation/prevention in the absence of proven deficiency	Self-care	Not suitable for patients with peanut or soya allergy
Sanatogen Complete A-Z	Medically diagnosed deficiency, malabsorption e.g. short bowel syndrome	Prescribe	Some Sanatogen products are Non-ACBS listed in the Drug Tariff.
	Supplementation/prevention in the absence of proven deficiency	Self-care	
Renavit	Dietary management of water-soluble vitamin deficiency in adults with renal failure on dialysis	Prescribe	
Abidec	Pre-term infants	Prescribe	Not suitable for patients with peanut or soya allergy (contains arachis oil)
	Patients with a medically diagnosed deficiency (including a lifelong/chronic condition e.g. cystic fibrosis or surgery resulting in malabsorption)		
Dalivit	Pre-term infants	Prescribe	
	Patients with a medically diagnosed deficiency (including a lifelong/chronic condition e.g. cystic fibrosis or surgery resulting in malabsorption)		
DEKAs (Essential or Plus)	Dietary management of cystic fibrosis on the specific recommendation of a specialist in cystic fibrosis	Prescribe	
Paravit-CF	Dietary management of cystic fibrosis on the specific recommendation of a specialist in cystic fibrosis	Prescribe	
Individual Vitamins			
Vitamin A (Retinol)	Diagnosed deficiency	Prescribe to correct then self-care maintenance if required	
Vitamin C (Ascorbic acid)	Treatment of scurvy	Prescribe	

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Preparation	Example Indications	Prescribe or Self-care	Notes
Vitamin D (calciferol) *See also vitamin D guidance documents on BLMK website	Diagnosed deficiency	Prescribe*	
	Insufficiency	Prescribe/Self-care*	
	With calcium for osteoporosis	Prescribe	
Vitamin E (alpha-tocopherol)	Deficiency associated with cholestasis, severe liver disease, cystic fibrosis, abetalipoproteinaemia Refeeding syndrome	Prescribe	
Vitamin B1 (Thiamine)	Chronic alcoholism Prevention of Wernicke-Korsakoff in line with NICE QS11 Treatment of Wernicke-Korsakoff Syndrome	Prescribe	
Vitamin B2 (Riboflavin)	Diagnosed deficiency	Prescribe	
Vitamin B6 (pyridoxine)	Diagnosed deficiency Isoniazid or penicillamine induced neuropathy Idiopathic sideroblastic anaemia Pyridoxine responsive homocystinuria/ hyperoxaluria, advised and monitored by the metabolic team	Prescribe	
Vitamin B12 (Cobalamin) See also https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/guideline/investigation-and-treatment-of-vitamin-b12-cobalamin-deficiency-in-adults/	Megaloblastic anaemia, most common cause is pernicious anaemia. Other less common causes include malabsorption, drugs (metformin, PPIs)	Prescribe treatment as hydroxocobalamin	
	Dietary deficiency, e.g. vegan diet, restricted vegetarian diet	Correct with hydroxocobalamin then advise self-care for maintenance with cyanocobalamin	
	Asymptomatic insufficiency (cobalamin 150-250 ng/ml)	Self-care	
	Maintenance treatment in patients without neurological symptoms & underlying cause not dietary	Hydroxocobalamin for life. No further	

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Preparation	Example Indications	Prescribe or Self-care	Notes
		testing of B12 levels is necessary.	
Vitamin B9 (Folate)	<p>Folate deficient megaloblastic anaemia</p> <p>Prevention of methotrexate induced folate deficiency</p> <p>For at least 3 months before and for the first trimester of pregnancy in the following women: Obese (BMI>30), diabetes, woman or partner has neural tube defect (NTD), previous pregnancy affected by NTD, family history of NTD, taking anti-epilepsy medication, coeliac disease or other malabsorption states.</p> <p>For at least 3 months before and throughout pregnancy in women with sickle cell disease, thalassaemia, thalassaemia trait</p> <p>Can also be used in the management of Homocystinuria</p> <p>Routine supplementation in pregnancy (400microgram dose)</p>	Prescribe high dose (5mg)	<p>UK Government and devolved administrations announced in September 2021 their intention to proceed with arrangements to require the mandatory fortification of non-wholemeal wheat flour with folic acid to help prevent neural tube defects in fetuses</p> <p>Ref: https://consult.defra.gov.uk/food-compositional-standards/bread-and-flour-consultation-2022/</p>
		Self-care	
Iron	Iron deficiency anaemia – treatment	Prescribe	As per NICE CKS the recommended dosage for treatment indications is once daily.
	Iron deficiency anaemia –prophylaxis	Self-care	
	Infants born prematurely for prophylaxis of iron deficiency	Prescribe	E.g., Niferex or Sytron
Vitamin B Compound Strong	<p>Refeeding syndrome</p> <p>Diagnosed deficiency</p>	Prescribe	<p>NB: The Regional Medicines Optimisation Committee (RMOC) advises against use in alcoholism.</p> <p>(The RMOC position statement position statement on Oral B supplementation in alcoholism (Nov19) is available to view via the FutureNHS Collaboration platform (https://future.nhs.uk) (password required)</p>

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Examples of indications for which vitamins and minerals should NOT be prescribed on the NHS:

- Vitamin C to enhance absorption of iron, for prevention of colds or with D-mannose for prevention of urinary tract infections.
- Vitamin D for prophylaxis in multiple sclerosis (lack of evidence to support use), routine supplementation or as a supplement in pregnancy/breastfeeding (access via HealthyStart scheme where eligible).
- Vitamin B2 (riboflavin) for prevention of migraine.
- Vitamin B compound strong for alcoholism (lack of evidence of benefit) and not recommended in [NICE CG100](#). See also (RMO) : Position Statement Oral vitamin B supplementation in alcoholism (Nov 2019) (available to view via the FutureNHS Collaboration platform (<https://future.nhs.uk>) (password required)
- Vitamin B compound (any indication) high-cost medicine – use Vitamin B compound strong where prescribing warranted.
- Vitamin B6 (pyridine) for premenstrual syndrome.
- Lutein and Antioxidants for preventing age related macular degeneration <https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>
- Glucosamine or chondroitin products for the management of osteoarthritis.

References:

https://www.health.harvard.edu/staying-healthy/listing_of_vitamins

<https://www.gov.uk/government/news/new-review-launched-into-vitamin-d-intake-to-help-tackle-health-disparities>

<https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-clinically-extremely-vulnerable-cev-guidance>

[227. Over the counter items 2.2 \(prescQipp.info\)](#)

<https://www.prescQipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1272%2fb117-drop-list-42.pdf>

Guidance for over the counter medicines <https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>

[PrescQipp Bulletin 296: Vitamins and Minerals prescribing guidance](#)

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