

## The prescribing of vitamins and minerals, including vitamin B preparations (DROP-List)

This briefing focuses on the prescribing of vitamins and minerals, their review and discontinuation if the Advisory Committee on Borderline Substances (ACBS) prescribing criteria are not met.<sup>1</sup>

### Key recommendations

- Review all patients prescribed vitamin and mineral preparations included in the DROP-List; ensure that all prescribing is in-line with an ACBS approved indication. Discontinue prescribing of vitamins and minerals on FP10 for all patients not in-line with an ACBS approved indication.
- Recommend eating a healthy, varied and well balanced diet.
- If patients still want to take a vitamin and mineral preparation for dietary supplementation or as a "pick-me-up" they should be advised that they can 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 in-line with an ACBS approved indication.
- Some patients may be eligible for NHS Healthy Start vitamins rather than receiving a prescription. They are specifically designed for pregnancy, breastfeeding and growing children and available free of charge from local distribution points.<sup>2</sup>
- 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 preparations, this is not covered in this bulletin. More information can be found in the National Institute for Health and Care Excellence (NICE) pathway <http://pathways.nice.org.uk/pathways/nutrition-support-in-adults>

### Rationale for discontinuation of the prescribing of vitamins and minerals

Vitamins and minerals are recommended by the ACBS committee for the prevention and treatment of specific deficiency states or where the diet is known to be inadequate. They must not be prescribed as dietary supplements or a general 'pick-me-up' as this use of vitamins and minerals is unproven.<sup>3</sup>

Some vitamins and minerals are classified as "Borderline Substances" (Part XV), and some are listed in Part XVIII A of the drug tariff - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract. Items in Part XVIII A are not permitted on FP10 and will not be reimbursed.<sup>1</sup> For patients meeting ACBS criteria the BNF advises vitamin and mineral preparations which can be prescribed.<sup>3</sup>

Many people choose to take vitamin and mineral supplements, but taking too much or taking them for too long could be harmful.<sup>4</sup> Effervescent vitamins can contain up to a gram of salt per tablet and may not be suitable for some patients. If a vitamin preparation is indicated consider a non-effervescent tablet.<sup>5</sup>

Deficiency of the B vitamins, with the exception of vitamin B12, is rare in the UK. It is usually treated with preparations containing thiamine (B1), riboflavin (B2), and nicotinamide found in oral preparations such as vitamin B compound tablets, vitamin B compound strong tablets and Vigranon B® syrup.<sup>3</sup> Vigranon B® syrup is not prescribable on FP10 and the BNF denotes all three preparations as less suitable for prescribing.<sup>3</sup> If it is considered suitable to prescribe a vitamin B complex preparation then vitamin B compound strong tablets represent the most cost effective option.

### Costs and savings

In England approximately £4.2 million is spent annually on prescribing vitamins and minerals (multivitamin and mineral preparations excluding vitamin b complex) (ePACT Feb - Apr 2015).

**Prescribing 80% less would save over £3.3 million in England over 12 months.**

**In addition approximately £12.3 million is spent on vitamin B compound preparations, reducing prescribing of all vitamin B compound products by 80% would save £9.9 million over 12 months.**

There is a significant difference in cost between the different vitamin B complex preparations.

**Switching all patients receiving vitamin B compound tablets to vitamin B compound strong tablets would save over £4.3 million in England over 12 months.**

## References

1. Drug Tariff, January 2015. Accessed 23/12/2014. Available online at [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)
2. NHS. Healthy Start Vitamins. Accessed 24/01/2015. Available online at <http://www.healthystart.nhs.uk/healthy-start-vouchers/healthy-start-vitamins/>
3. British National Formulary. December 2014. Accessed 23/12/2014. Available online at <https://www.medicinescomplete.com/mc/bnf/current/index.htm>
4. NHS Choices. Vitamins and Minerals. Accessed 29/12/2014. Available online at: <http://www.nhs.uk/Conditions/vitamins-minerals/Pages/vitamins-minerals.aspx>
5. NHS Choices. Do I need vitamin supplements? Accessed 12/01/2015. Available online at: <http://www.nhs.uk/chq/pages/1122.aspx?categoryid=51&subcategoryid=168>

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Additional resources available:



Bulletin



Data pack



Audits, letters, PIL

<http://www.prescqipp.info/resources/viewcategory/385-vitamins-and-minerals-drop-list>