

Commissioning Statement for THE PRESCRIBING OF VITAMIN B SUPPLEMENTS IN PRIMARY CARE

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Prescribing of Vitamin B Supplements on FP10 prescriptions within Norfolk and Waveney ICS is recommended as

RESTRICTED GREEN: Recommended for prescribing and initiation in primary care

Background

Norfolk and Waveney ICB support the prescribing of Vitamin B Supplements for restricted indications due to low clinical effectiveness. This position is supported by NHS England guidance on items which should not routinely be prescribed in primary care.

Deficiency of the B vitamins, with the exception of vitamin B12, is rare in the UK and is usually treated by preparations containing thiamine (B1), riboflavin (B2), and nicotinamide. Pabrinex® I/V and I/M high potency injections, vitamin B compound tablets, vitamin B compound strong tablets and Vigranon B® all contain thiamine, riboflavin, and nicotinamide.

This position is supported by NHS England as part of conditions for which over the counter items should not routinely be prescribed in primary care.

Recommendations – Oral Thiamine

1. Oral **thiamine** is recommended by both NICE and the Scottish Intercollegiate Guidelines Network (SIGN) for patients who have a chronic alcohol problem and whose diet may be deficient.
2. NICE recommends prescribing prophylactic oral thiamine for harmful or dependent drinkers if they;
 - Are malnourished
 - Are at risk of malnourishment
 - Have decompensated liver disease
 - Are in acute withdrawal or before and during a planned medically assisted alcohol withdrawal. (Note - oral thiamine is not usually continued long term after acute withdrawal).
3. The guidelines recommend prescribing thiamine in doses toward the upper end of the BNF dosage (for mild deficiency 25–100 mg daily and for severe deficiency, 200–300 mg daily in divided doses).

NICE do not recommend the prescribing of vitamin B complex preparations.

4. For refeeding syndrome: the thiamine treatment regime should be prescribed following assessment by the dietician for 10 days then reviewed.

Details of locally agreed formulary can be found in [Netformulary](#)




Recommendation – Oral Vitamin B Complex

1. If it is considered that the prescribing of a vitamin B complex preparation is justifiable, the vitamin B compound strong tablets represent a more cost-effective option than vitamin B compound tablets. If there is doubt over whether a vitamin B supplement is justifiable email nwicb.medsqueries@nhs.net

Prescribing information

1. All patients prescribed vitamin B should be reviewed to ensure there is a clinical need for this supplement in line with this policy and that the most cost-effective preparation is prescribed as **per the table below**.
2. NHS England does not support the routine prescribing of vitamins and minerals in primary care due to the lack of evidence to support their clinical effectiveness.
3. Patients should always be encouraged to eat a healthy, varied and balanced diet which should in most cases mean vitamin supplementation is not required.
4. **Sources of Vitamin B**
 - Thiamine (B1): peas, fresh and dried fruit, eggs, wholegrain breads, some fortified breakfast cereals and yeast extract, liver
 - Riboflavin (B2): milk, eggs, fortified breakfast cereals and yeast extract, rice
 - Niacin (B3): meat, fish, wheat flour, eggs, milk, yeast extract

Table 1: Oral vitamin B complex preparations

Product	Content	Indication & dose	Quantity & price (July 23)	Cost for 28 days at max dose	Comment
Vitamin B compound tablets	nicotinamide 15mg, riboflavin 1mg, thiamine hydrochloride 1mg	Prophylaxis of vitamin B deficiency, 1–2 tablets daily	28 / £65.09 Category A	£130.18	 Less suitable for prescribing
Vitamin B compound strong tablets	nicotinamide 20mg, pyridoxine hydrochloride 2mg, riboflavin 2mg, thiamine hydrochloride 5mg	Treatment of vitamin B deficiency, 1–2 tablets 3 times daily	28 / £1.17 Category M	£7.02	 Less suitable for prescribing
Vigranon B® syrup	thiamine 5mg, riboflavin 2mg, nicotinamide 20mg, pyridoxine 2mg, panthenol 3ml/5ml	 Not prescribable on the NHS			

Monitoring of Prescribing

Data on the use of these treatments will be supplied monthly as part of your data pack. If you have any queries, please email nwicb.medsqueries@nhs.net with 'service restriction policy' in the subject line.

References

*Adapted from Mid & South East Essex document

Title	Commissioning Statement for PRESCRIBING OF VITAMIN B SUPPLEMENTS IN PRIMARY CARE in Norfolk and Waveney ICS
Description of policy	<i>To inform healthcare professionals</i>
Scope	<i>Norfolk and Waveney Integrated Care System</i>
Prepared by	Norfolk and Waveney ICB Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	<p><i>Please indicate impact assessment outcome:</i></p> <p><i>Positive impact</i></p> <p><i>Adverse impact - low - action plan completed as per guidance</i></p> <p><i>Adverse impact - medium - action plan completed as per guidance</i></p> <p><i>Adverse impact - high - action plan completed as per guidance</i></p> <p><i>No impact</i></p> <p>No policy will be approved without a completed equality impact assessment</p>
Other relevant approved documents	<p>Items which should not routinely be prescribed in primary care: Guidance for CCGs, June 2019</p> <p>https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</p>
Evidence base / Legislation	<p>Level of Evidence:</p> <p><i>A. based on national research-based evidence and is considered best evidence</i></p> <p>B. mix of national and local consensus</p> <p><i>C. based on local good practice and consensus in the absence of national research based information.</i></p>
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0.1	Mo Team	To support prescribing in primary care	Oct 2023