NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group NHS

Date of original recommendation: October 2012
Date of re-review: October 2014

Use of Unlicensed Vitamins, Minerals and Supplements

The Interface Prescribing and New Therapies Subgroup discussed the above at its meeting on the 21st October 2014. The recommendation of this subgroup is as follows:*

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the use of unlicensed vitamins, minerals and supplements for various indications (including adjuncts to cancer therapy, Alzheimers and AMD)

The group does not recommend the prescribing or recommendation of unlicensed vitamins, minerals or other supplements.

These products are currently unlicensed and have not undergone the strict criteria laid down by the regulatory authorities to confirm the safety, quality and efficacy. They are often not manufactured to the same high pharmaceutical standards used for licensed medicines to ensure consistency in formulation and potency.

Patients may of course still buy supplements as a complementary therapy if they wish however it is advisable for them to speak to a health care professional first. A summary document explaining the issues around supplements available in the UK is available on NHS choices here:

http://www.nhs.uk/news/2011/05May/Documents/BtH_supplements.pdf

According to set criteria this was deemed to be a low priority for funding.

Please note that as of April 2011 all herbal medicines must have a Traditional Herbal Registration (THR) or a marketing authorisation (previously known as a product licence). The MHRA now defines individual herbal medicines as either registered traditional herbal medicines or licensed herbal medicines; however there may still be some unlicensed herbal medicines available during the transition period.

Review date: October 2019

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm therisk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.