

## Chapter 9: Nutrition and Blood

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### Key

	<p><b>Red drug</b> see <a href="#">GMMMG RAG list</a></p> <p><i>Click on the symbols to access this list</i></p>
	<p><b>Amber drug</b> see <a href="#">GMMMG RAG list</a></p> <p><i>Click on the symbols to access this list</i></p>
	<p><b>Green drug</b> see <a href="#">GMMMG RAG list</a></p> <p><i>Click on the symbols to access this list</i></p>
	<p><b>If a medicine is unlicensed this should be highlighted in the template as follows</b></p> <p><b>Drug name U</b></p>
	<p><b>Not Recommended</b></p>
	<p><b>Over the Counter</b></p> <p>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a>.</p>
<b>Order of Drug Choice</b>	<p>Where there is no preferred 1<sup>st</sup> line agent provided, the drug choice appears in alphabetical order.</p>

<b>BNF chapter</b>	<b>9 Nutrition and Blood</b>	
<b>Section</b>	<b>9.1. Anaemias and some other blood disorders</b>	
	<b>Crizanlizumab</b> Concentrate for solution for infusion 10mg/ml	 <a href="#">NICE TA743: Crizanlizumab for preventing sickle cell crises in sickle cell disease</a>
<b>Subsection</b>	<b>9.1.1 Iron-deficiency anaemias</b>	
<b>Subsection</b>	<b>9.1.1.1 Oral iron</b>	
<b>First choice</b>	<b>Ferrous fumarate</b> 322 mg tabs (100 mg iron) <b>Ferrous fumarate</b> 305 mg caps (100 mg iron)	
<b>Alternatives</b>	<b>Ferrous fumarate</b> 210 mg tabs (68 mg iron)	
	<b>Ferrous sulphate</b> 200 mg tabs (65 mg iron)	
	<b>Ferrous fumarate</b> 140 mg sugar free syrup (45 mg of iron/5 mL) <b>Sodium ferredetate</b> 190 mg sugar free elixir (27.5 mg of iron/5 mL)	
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Ferric maltol</b> capsules For treatment of iron deficiency anaemia in patients with intolerance to, or treatment failure with, two oral iron supplements.	 <a href="#">Criterion 2 (see RAG list)</a>
<b>Do Not Prescribe</b>	<b>Oral iron</b> Modified release preparations	<a href="#">Criterion 1 (see RAG list)</a>
	<b>Spatone</b> Iron-rich spa water from the mountains of Snowdonia	<a href="#">Criterion 1 (see RAG list)</a>
<b>Subsection</b>	<b>9.1.1.2 Parenteral iron</b>	
<b>First choice</b>	<b>Ferric carboxymaltose</b> 50 mg/mL injection (Ferinject®)	 <a href="#">MHRA DSU: Ferric carboxymaltose (Ferinject▼): risk of symptomatic hypophosphataemia leading to osteomalacia and fractures, Nov 2020</a>

	<b>Ferric derisomaltose</b> 100 mg/mL injection (Monofer®)	<b>R</b>
<b>Alternatives</b>	<b>Iron sucrose</b> 20 mg/mL iron (Venofer®)	<b>R</b> Used first line in haemodialysis patients.
	<b>Iron dextran</b> 50 mg/mL iron (CosmoFer®)	<b>R</b>

### General Guidance applicable to all drugs

[MHRA DSU: Intravenous iron and serious hypersensitivity reactions: clarification of advice on new recommendations regarding initial test dose, Sept 2013](#)

[MHRA DSU: Intravenous iron and serious hypersensitivity reactions: new strengthened recommendations to manage and minimise risk, Aug 2013](#)

[British Society for Haematology: Management of iron deficiency in pregnancy.](#)

[NICE NG203: Chronic kidney disease: assessment and management](#)

<b>Subsection</b>	<b>9.1.2 Drugs used in megaloblastic anaemias</b>	
<b>First choice</b>	<b>Hydroxocobalamin</b> 1 mg/mL injection <b>Folic acid</b> 400 micrograms tablets <b>Folic acid</b> 5 mg tablets <b>Folic acid</b> 2.5 mg/5 mL oral solution sugar free	<a href="#">NICE CG62: Antenatal care</a> <a href="#">NICE CG156 Fertility: Assessment and treatment for people with fertility problems</a> (Folic acid 400 micrograms for the prevention of neural tube defects prior to conception and during pregnancy.)

**General Guidance applicable to all drugs**

[British Society for Haematology: Diagnosis of B12 and Folate Deficiency \(June 2014\)](#)

<b>Subsection</b>	<b>9.1.3 Drugs used in hypoplastic haemolytic, and renal anaemias</b>	
<b>First choice</b>	<b>Darbepoetin alfa</b> <b>Epoetin alfa (biosimilar)</b>	<span style="color: red; font-weight: bold; border: 1px solid red; border-radius: 50%; padding: 2px;">R</span> <span style="color: red; font-weight: bold; border: 1px solid red; border-radius: 50%; padding: 2px;">R</span>
<b>Alternatives</b>	<b>Epoetin beta</b> <b>Methoxy polyethylene glycol-epoetin beta</b> ▼	<span style="color: red; font-weight: bold; border: 1px solid red; border-radius: 50%; padding: 2px;">R</span> <span style="color: red; font-weight: bold; border: 1px solid red; border-radius: 50%; padding: 2px;">R</span>
	<b>Roxadustat</b> ▼ Tablets: 20mg, 50mg, 70mg, 100mg, 150mg	<span style="color: red; font-weight: bold; border: 1px solid red; border-radius: 50%; padding: 2px;">R</span> <a href="#">NICE TA807: Roxadustat for treating symptomatic anaemia in chronic kidney disease</a>

**General Guidance applicable to all drugs**

**All erythropoietins are RED and are prescribed and supplied by secondary care**

[Renal Association, Clinical Practice Guidelines: Anaemia of CKD \(updated February 2020\)](#)

[NICE CG114: Anaemia management in people with chronic kidney disease.](#)

[NICE TA323: Erythropoiesis-stimulating agents \(epoetin and darbepoetin\) for treating anaemia in people with cancer having chemotherapy \(including review of TA142\)](#)




[MHRA DSU: Recombinant human erythropoietins: new prescribing advice, Dec 2007](#)

- Patients with cancer: risk of tumour progression and reduced overall survival
- Patients with chronic kidney disease: risk of mortality and cardiovascular morbidity

[MHRA DSU: recombinant human erythropoietins: treating anaemia in cancer, Aug 2008](#)

<b>Iron Overload</b>		
<b>First choice</b>	<b>Deferasirox</b> 125 mg, 250 mg, 500 mg tablets	<b>R</b>
	<b>Desferrioxamine mesilate</b> 2 g injection	<b>R</b>
<b>Alternatives</b>	<b>Deferiprone</b> 500 mg tablets	<b>R</b>
<p><b>General Guidance applicable to all drugs</b> All Iron Overload treatments listed here are commissioned by NHSE.</p>		
<b>Subsection</b>	<b>9.1.4 Drugs used in platelet disorders</b>	
<b>Chronic immune (idiopathic) thrombocytopenic purpura and thrombocytopenia</b>		
	<b>Avatrombopag ▼</b> 20 mg tablets	<b>R</b> <a href="#">NICE TA626: Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure</a> <a href="#">NICE TA853: Avatrombopag for treating primary chronic immune thrombocytopenia</a>
	<b>Eltrombopag</b> 25 mg, 50 mg tablets	<b>R</b> <a href="#">NICE TA293: Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura</a> <a href="#">MHRA DSU: Eltrombopag (Revolade): reports of interference with bilirubin and creatinine test results (July 2018)</a>
	<b>Lusutrombopag ▼</b> 3 mg tablets	<b>R</b> <a href="#">NICE TA617: Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure</a>
	<b>Romiplostim</b> 250 microgram vial	<b>R</b> <a href="#">NICE TA221: Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura</a>
	<b>Fostamatinib ▼</b> 100mg, 150mg tablets	<b>R</b> <a href="#">NICE TA835: Fostamatinib for treating refractory chronic immune thrombocytopenia</a>
<p><b>General Guidance applicable to all drugs</b> On publication of <a href="#">NICE TA293</a>, NICE discussed the differences in the wording of the above two guidance and the need to ensure clarity: NICE states that the recommendations for eltrombopag and romiplostim are for exactly the same patient population.</p>		
<b>Essential Thrombocythaemia</b>		
<b>First choice</b>	<b>Anagrelide ▼</b> 500 micrograms capsules	<b>R</b> <a href="#">Letter for HCPs: increased risk of thrombotic complications, including cerebral infarction, if</a>

		<a href="#">anagrelide treatment is discontinued abruptly.</a>
<b>Subsection</b>	<b>9.1.6 Drugs used in neutropenia</b>	
<b>First choice</b>	<b>Filgrastim Biosimilar</b>	<b>R</b>
<b>Alternatives</b>	<b>Lenograstim</b>	<b>R</b>
	<b>Pegfilgrastim</b>	<b>R</b>
<p><b>General Guidance applicable to all drugs</b></p> <p><a href="#">MHRA DSU: Filgrastim and pegfilgrastim: risk of potentially life-threatening capillary leak syndrome, Sept 2013</a></p> <p><a href="#">NICE CG151: Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients</a></p>		

<b>BNF chapter</b>	<b>9 Nutrition and Blood</b>	
<b>Section</b>	<b>9.2. Fluids and electrolytes</b>	
<b>Subsection</b>	<b>9.2.1.1 Oral potassium</b>	
<b>Compensation for Potassium loss</b>		
<b>First choice</b>	<b>Sando-K®</b> effervescent tablets Potassium bicarbonate and chloride equivalent to potassium 470 mg (12 mmol of K <sup>+</sup> ) and chloride 285 mg (8 mmol of Cl <sup>-</sup> )	
<b>Alternatives</b>	<b>Kay-Cee-L®</b> syrup sugar free Potassium chloride 7.5% (1 mmol/mL each of K <sup>+</sup> and Cl <sup>-</sup> )	
<b>Management of Hyperkalaemia</b>		
<b>First choice</b>	<b>Calcium Resonium®</b> powder (Calcium polystyrene sulfonate powder)	
<b>Alternatives</b>	<b>Patiomer sorbitex calcium</b> (Veltassa®▼) Powder for oral suspension	 <a href="#">GMMMG shared care protocol: Patiomer for adult patients within renal and cardiology</a> <a href="#">TA623: Patiomer for treating hyperkalaemia</a>
	<b>Sodium zirconium cyclosilicate</b> (Lokelma®▼) Powder for oral suspension	 <a href="#">GMMMG shared care protocol: Sodium zirconium cyclosilicate for adult patients within renal and cardiology</a> <a href="#">TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia</a>
<a href="#">MHRA DSU: Calcium chloride, calcium gluconate: potential risk of underdosing with calcium gluconate in severe hyperkalaemia, June 2023</a>		
<b>Subsection</b>	<b>9.2.1.2 Oral sodium and water</b>	
<b>Sodium Chloride</b>		
<b>First choice</b>	<b>Sodium Chloride</b> 600mg modified release tablets (Approximately 10 mmol each of Na <sup>+</sup> and Cl <sup>-</sup> )	
<b>Oral Rehydration Therapy</b>		
<b>First choice</b>	<b>Electrolade®</b> oral powder sachets	
<b>Alternatives</b>	<b>Dioralyte®</b> oral powder sachets	

**General Guidance applicable to all drugs**

None



<b>BNF chapter</b>	<b>9 Nutrition and Blood</b>	
<b>Section</b>	<b>9.4. Oral nutrition</b>	
<b>Subsection</b>	<b>9.4.1. Foods for special diets</b>	
<b>First choice</b>	Dependent on dietetic assessment and in line with "ACBS" recommendations.	The availability / choice of products will also be influenced by GM and CCG policies and the local acute trust product contract.
<p><b>General Guidance applicable to all</b></p> <p>Borderline Substances:</p> <p>In certain conditions some foods have characteristics of drugs and the Advisory Committee on Borderline Substances advises as to the circumstances in which such substances may be regarded as drugs. The Advisory Committee's recommendations are detailed in the <a href="#">Drug Tariff</a> and are listed in Part XV – Borderline Substances. Prescriptions issued in accordance with the Committee's advice for the conditions stated and endorsed "ACBS" can be prescribed subject to any local or GM wide policy or guidance.</p> <p>The <a href="#">GMMMG Gluten Free policy</a> is available online.</p>		
<b>Subsection</b>	<b>9.4.2. Enteral nutrition (tube feeds)</b>	
<b>First choice</b>	Dependent on dietetic assessment	The choice of product may be influenced by the local supply contract.
<b>Subsection</b>	<b>9.4.2 Enteral nutrition (sip feeds)</b>	
<b>First choice</b>	First choice product, after consideration / trial of food fortification, should be a powdered, ready to mix supplement	The choice of product may be influenced by the local supply contract.
<b>Alternatives</b>	Ready mixed products should be reserved for second line.	The choice of product may be influenced by the local supply contract.
<p><b>General Guidance applicable to all</b></p> <p><a href="#">NICE QS24: Quality standard for nutrition support in adults.</a></p> <p>See local policies for management strategies, product choice and level of dietetic input available.</p>		

<b>BNF chapter</b>	<b>9 Nutrition and Blood</b>	
<b>Section</b>	<b>9.5 Minerals</b>	
<b>Subsection</b>	<b>9.5.1 Calcium and magnesium</b>	
	<b>9.5.1.1 Calcium</b>	
<b>First choice</b>	<p><b>Calcium Carbonate</b> 1.5g chewable tablets (Calcium 600 mg or Ca<sup>2+</sup> 15 mmol)</p> <p><b>Calcium Carbonate</b> 1.25g chewable tablets (Calcium 500 mg or Ca<sup>2+</sup> 12.5 mmol)</p>	
<b>Alternatives</b>	<p><b>Calcium Carbonate</b> 1.25g effervescent tablets (Calcium 500 mg or Ca<sup>2+</sup> 12.5 mmol, when dispersed in water)</p>	
	<p><b>Calcium gluconate</b> 10% injection (Calcium 8.4mg/ml or Ca<sup>2+</sup> approximately 225 micromol/mL)</p>	<p>For severe, acute hypocalcaemia only. ECG monitoring required.</p> <p><a href="#">MHRA DSU: Calcium gluconate injection in small-volume glass containers: new contraindications due to aluminium exposure risk, Sept 2010</a></p>
<b>Do Not Prescribe</b>	<p><b>Calcium 500 mg with colecalciferol 400 units</b> e.g. Calcichew D-3®</p>	<u>Criterion 1 (see RAG list)</u>
<b>General Guidance applicable to all drugs</b>		
None		
<b>Hyperparathyroidism</b>		
	<p><b>Cinacalcet</b> 30mg, 60mg and 90mg tablets</p>	<p><b>A</b> (Primary hyperparathyroidism)</p> <p><b>R</b> (Secondary hyperparathyroidism)</p> <p><a href="#">NICE TA117: Cinacalcet for the treatment of secondary hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy</a></p> <p><a href="#">NICE NG132: Hyperparathyroidism (primary): diagnosis, assessment and initial management</a></p>

	<b>9.5.1.3 Magnesium - hypomagnesaemia</b>	
<b>First choice</b>	<b>Magnesium aspartate dihydrate</b> 6.5 g sachet of powder for oral solution. (Each 6.5 g sachet of powder contains magnesium aspartate dihydrate equivalent to 243 mg (10 mmol) of magnesium.)	Treatment and Maintenance therapy
<b>Alternatives</b>	<b>Magnesium sulfate</b> injection BP 20% (Mg <sup>2+</sup> approximately 0.8 mmol/mL) 50% (Mg <sup>2+</sup> approximately 2 mmol/mL)	Treatment
	<b>Magnesium glycerophosphate</b> 4 mmol tablets  <a href="#">NICE ESUOM4: Preventing recurrent hypomagnesaemia: oral magnesium glycerophosphate</a>	Maintenance therapy
<b>Additional Notes</b>		
None		
<b>Section</b>	<b>9.5.2 Phosphorus</b>	
	<b>9.5.2.1 Phosphate supplements</b>	
<b>First choice</b>	<b>Phosphate-Sandoz</b> <sup>®</sup> effervescent tabs (phosphate 16.1 mmol/tablet)	
<b>Alternatives</b>	<b>Phosphates</b> Intravenous infusion (Providing PO <sub>4</sub> <sup>3-</sup> 100 mmol, K <sup>+</sup> 19 mmol, and Na <sup>+</sup> 162 mmol/litre)	<b>R</b>
<b>Subsection</b>	<b>9.5.2.2 Phosphate-binding agents</b>	
<b>First choice</b>	<b>Calcium acetate</b> 1 g tablets (Calcium 250 mg or Ca <sup>2+</sup> 6.2 mmol)	<b>G<sub>n</sub></b> Following specialist initiation
	<b>Calcium acetate</b> 667 mg capsules (Calcium 169 mg or Ca <sup>2+</sup> 4.2 mmol)	<b>G<sub>n</sub></b> Following specialist initiation
<b>Alternatives</b>	<b>Calcium Carbonate</b> 1.25 g chewable tablets Calcium 500 mg or Ca <sup>2+</sup> 12.5 mmol)	<b>G<sub>n</sub></b> Following specialist initiation
	<b>Sevelamer Carbonate</b> 800 mg tablets	<b>G<sub>n</sub></b> Following specialist initiation (NHS England commissioned for adult renal dialysis)

	<p><b>Lanthanum</b> 500 mg, 750 mg, 1 g tablets</p> <p><b>Osvaren</b><sup>®</sup> tablets (Calcium acetate 435 mg [calcium 110 mg or Ca<sup>2+</sup> 2.7 mmol], heavy magnesium carbonate 235 mg [magnesium 60 mg])</p>	<p><b>R</b></p> <ul style="list-style-type: none"> <li>- NHS England-commissioned for adult renal dialysis</li> <li>- CCG-commissioned for non-dialysis patients</li> </ul> <p><b>G<sub>n</sub></b> Following specialist initiation</p>
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**General Guidance applicable to all drugs**

[NICE NG203: Chronic kidney disease: assessment and management](#)


<b>Section</b>	<b>9.5.3 Fluoride</b>	
<b>First choice</b>	<b>Fluoride</b> tablets, oral drops, mouthwashes and toothpaste	Dental prescribing only
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<p><b>Fluoride toothpaste 5,000 ppm</b> e.g. Duraphat<sup>®</sup></p> <p>For patients at risk of caries secondary to treatment for head and neck cancers or reduced salivary flow rate secondary to surgery.</p> <p>To be continued for as long as natural teeth remain. The prescribing of fluoride mouthwashes and toothpastes for other indications should be by dental prescription only, and in line with <a href="#">GMMMG Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care</a></p>	<p><b>G<sub>n</sub></b> following specialist advice</p> <p><a href="#">Criterion 3 (see RAG list)</a></p>
<b>Do Not Prescribe</b>	<b>BioXtra<sup>®</sup> toothpaste and mouth rinse</b>	<a href="#">Criterion 1 (see RAG list)</a>
	<p><b>Prevention of dental caries</b> Fluoride mouthwashes, toothpaste</p>	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a> .

**General Guidance applicable to all drugs**

[Public Health England \(2014\) Delivering better oral health: an evidence-based toolkit for prevention](#)

<b>Section</b>	<b>9.5.4 Zinc</b>	
<b>First choice</b>	<b>Zinc sulfate monohydrate</b> 125 mg effervescent tablets sugar free	
<b>Section</b>	<b>9.5.5 Selenium</b>	
	<b>Selenium</b> (as sodium selenite pentahydrate) oral solution 50 micrograms/mL	
<b>General Guidance applicable to all drugs</b>		
None		

<b>BNF chapter</b>	<b>9 Nutrition and Blood</b>	
<b>Section</b>	<b>9.6 Vitamins</b>	
<b>Subsection</b>	<b>9.6.2 Vitamin B</b>	
<b>First choice</b>	<b>Thiamine</b> 50 mg, 100 mg tablets	<a href="#">NICE CG100: alcohol use disorders</a>
<b>Alternatives</b>	<b>B vitamins High potency</b> intravenous and intramuscular injection	For severe deficiency states, especially as seen in chronic alcoholism
	<b>Pyridoxine (vitamin B<sub>6</sub>)</b> 10 mg, 20 mg, 50 mg tablets	<b>G<sub>n</sub></b> following specialist advice  For pyridoxine deficiency that may occur during isoniazid or penicillamine treatment. See BNF for doses. Discontinue when isoniazid/penicillamine therapy is stopped.
<b>Grey drugs</b>  Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Cyanocobalamin</b>  tablets  Only use in those patients who are truly unable to tolerate injections and who are vegan	<b>G<sub>n</sub></b>  <a href="#">Criterion 3 (see RAG list)</a>
	<b>Vitamin B compound strong</b>  tablets  Should only be used on the advice of a dietician for medically diagnosed deficiency, or in secondary care to prevent "re-feeding syndrome"  Where a vitamin B compound is indicated, only vitamin B compound <b>strong</b> should be prescribed.	<b>G<sub>n</sub></b> following specialist initiation  <a href="#">Criterion 1 (see RAG list)</a>  <a href="#">RMOG Position Statement: Oral Vitamin B supplementation</a>
<b>General Guidance applicable to all drugs</b>		
<a href="#">NICE CG32: Nutrition support in adults: Oral nutrition support, enteral tube feeding and parenteral nutrition</a>		
<a href="#">NICE CG100: Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications</a>		
<a href="#">MHRA DSU: Pabrinex: allergic reactions, Sept 2007</a>		
<a href="#">CKS [accessed 12th March 2015] Alcohol – problem drinking; Scenario: Dependence on alcohol</a>		

<b>Subsection</b>	<b>9.6.4 Vitamin D</b>	
<b>First choice</b>	<b>Colecalciferol</b> 20,000 units; 3, 200 units capsules <b>Colecalciferol</b> 25,000 units in oral solution (ampoule)	For the treatment of vitamin D deficiency Only licensed products should be used.
<b>Alternatives</b>	<b>Ergocalciferol</b> 7.5mg (300,000 units) /mL injection  <b>Alfacalcidol</b> <ul style="list-style-type: none"> <li>• Capsules: 250 nanograms, 500 nanograms, 1microgram</li> <li>• Oral drops 2 microgram/mL (1 drop contains approximately 100 nanograms)</li> </ul> <b>Calcitriol</b> capsules 250 nanograms, 500 nanograms  <b>Healthy Start vitamins</b> – See section 9.6.7	 Following specialist initiation

**General Guidance applicable to all drugs**

**GMMMG recommends that the vitamin D and bone health clinical guideline for patient management from the [Royal Osteoporosis Society](#) be followed.**

[GMMMG recommendations for management of Vitamin D Deficiency and Insufficiency are available for adults and children.](#)

[Advice from the Chief Medical Officer](#) (CMO) for England, Wales, Northern Ireland, and Scotland made specific recommendations on vitamin D supplementation in at risk groups

[MHRA DSU: Unlicensed imported vitamin D \(colecalfiferol\) capsules: potential peanut oil and soya oil allergens, March 2012](#)

<b>Subsection</b>	<b>9.6.4 Vitamin D (with calcium)</b>	
<b>First choice</b>	<b>Calcium Carbonate</b> 1.5 g and <b>Colecalciferol</b> 10 micrograms tablets and chewable tablets  <b>Calcium Carbonate</b> 750 mg and <b>Colecalciferol</b> 5 micrograms caplets  <b>Calcium carbonate</b> 1.25 g and <b>Colecalciferol</b> 10 micrograms chewable tablets	<a href="#">NICE (2014) Vitamin D: increasing supplement use among at-risk groups (PH56)</a>
<b>Alternatives</b>	<b>Calcium phosphate</b> 3.1 g and <b>Colecalciferol</b> 20 micrograms powder	

**General Guidance applicable to all drugs**

**GMMMG recommends that the vitamin D and bone health clinical guideline for patient management from the [Royal Osteoporosis Society](#) be followed.**

<b>Subsection</b>	<b>9.6.5 Vitamin E</b>	
<b>First choice</b>	<b>Vitamin E</b> Suspension (alpha tocopheryl acetate) 500mg/5mL	
<b>Subsection</b>	<b>9.6.6 Vitamin K</b>	
<b>First choice</b>	<b>Menadiol Phosphate</b> 10 mg tablets <b>Phytomenadione</b> Injection 10 mg/mL	
<b>Subsection</b>	<b>9.6.7 Multivitamin Preparations</b>	
	<b>Healthy Start vitamins</b>	Pregnant women, women with a child under 12 months who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins. <b>Not available on FP10; NHS Choices advises where patients can be directed to obtain supplies</b>
	<b>Renavit®</b> tablets	For use in dialysis patients to replace water soluble vitamins lost on dialysis.
	<b>Dalivit®</b> drops	Preferred route for multivitamins in children should be through the Healthy Start vitamins
	<b>Forceval®</b> capsules	For use in gastric bypass / BPD*/DS* bariatric surgery on the recommendation of a dietician / specialist. (BPD = biliopancreatic diversion; DS = sleeve gastrectomy with duodenal switch).
	<b>Pregncare®</b> tablets	For use in pregnant post gastric by-pass patients only, if not on Forceval capsules.

**General Guidance applicable to all drugs**

\*(BPD = biliopancreatic diversion; DS = sleeve gastrectomy with duodenal switch).

<b>Do Not Prescribe</b>	<b>Multivitamins and mineral preparations for the management of age-related macular degeneration (ARMD)</b> e.g. ICaps®, Occuvite®, PreserVision®, Viteyes®, Visionace®, Vitalux-plus®	<u>Criterion 1 (see RAG list)</u>
	<b>Vitamins, minerals and antioxidants</b> When used in people who have no clinical indication for use.	<u>Criterion 3 (see RAG list)</u>



Section	Supplements	
<p><b>Grey drugs</b></p> <p>Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p><b>Co-enzyme Q10</b></p> <p>Should only be used for the treatment of mitochondrial disorders under the care of a specialist</p>	<p><b>G<sub>n</sub></b> following specialist initiation</p> <p><a href="#">Criterion 3 (see RAG list)</a></p>
	<p><b>Paravit-CF</b></p> <p>Capsules and liquid</p> <p>Only for use in patients with cystic fibrosis.</p>	<p><b>G<sub>n</sub></b> following specialist initiation</p> <p><a href="#">Criterion 3 (see RAG list)</a></p>
<p><b>Do Not Prescribe</b></p>	<p><b>Cod liver oil capsules</b></p>	<p><a href="#">Criterion 3 (see RAG list)</a></p>
	<p><b>Gamolenic acid (starflower oil)</b></p>	<p><a href="#">Criterion 1 (see RAG list)</a></p>
	<p><b>Herbal medicines</b></p>	<p><a href="#">Criterion 3 (see RAG list)</a></p>
	<p><b>Homeopathic medicines</b></p>	<p><a href="#">Criterion 3 (see RAG list)</a></p>
	<p><b>Multivitamins and mineral preparations for the management of age-related macular degeneration (ARMD)</b></p> <p>e.g. ICaps<sup>®</sup>, Occuvite<sup>®</sup>, PreserVision<sup>®</sup>, Viteyes<sup>®</sup>, Visionace<sup>®</sup>, Vitalux-plus<sup>®</sup></p>	<p><a href="#">Criterion 1 (see RAG list)</a></p>
	<p><b>Vitamins, minerals and antioxidants</b></p> <p>When used in people who have no clinical indication for use.</p>	<p><a href="#">Criterion 3 (see RAG list)</a></p>