

**HERTFORDSHIRE MEDICINES MANAGEMENT COMMITTEE (HMMC):
USE OF VITAMIN B COMPOUND AND VITAMIN B COMPOUND STRONG**

NAME	WHAT IT IS	LICENSED INDICATION	DATE DECISION LAST REVISED	DECISION STATUS	NICE GUIDANCE
Vitamin B Compound Vitamin B Compound Strong	Oral vitamin supplement	<i>Vitamin B compound - Prophylaxis of identified vitamin B deficiencies.</i> <i>Vitamin B compound strong – Treatment of identified clinical and sub-clinical vit B deficiency states</i>	June 2019	Final	NICE guidance – alcoholism: not advised; peripheral neuropathy: not NICE guidance; refeeding syndrome: 1 st 10 days post refeeding only

HMMC recommendation following discussion with local specialists:

VITAMIN B COMPOUND - DOUBLE RED (NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY OR SECONDARY CARE).

VITAMIN B COMPOUND STRONG:

ALCOHOLISM – DOUBLE RED (NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY OR SECONDARY CARE).

PERIPHERAL NEUROPATHY – DOUBLE RED (NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY OR SECONDARY CARE).

RE-FEEDING SYNDROME - RED (NOT RECOMMENDED FOR PRIMARY CARE PRESCRIBING; SECONDARY CARE USE ONLY).

Existing patients being prescribed vitamin B compound or vitamin B compound strong within primary care should to be reviewed and prescription should be stopped. If there is concern that diet is not meeting nutritional needs, advise patients to purchase either a one-a-day complete multivitamin & mineral product or a one-a-day vitamin B complex product.

HERTFORDSHIRE MEDICINES MANAGEMENT COMMITTEE

Vitamin B compound and vitamin B compound strong

What are we bringing to HMMC?

New Herts wide position statement on vitamin B compound and vitamin B compound strong prescribing.

Why is this being brought to HMMC?

- In 2018/19 Herts Valleys CCG and East and North Herts CCG together spent £300k on prescribed vitamin B compound (£44k) and vitamin B compound strong (£253k).
- The evidence base for much of this prescribing (particularly in alcoholism and peripheral neuropathy) is lacking.

Proposed Recommendations (to be agreed by HMMC):

- To ratify a position statement for use across Hertfordshire

Background Information

Alcohol abuse

- 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.
- NICE CG115 (2011) recommends prescribing prophylactic oral thiamine for harmful or dependent drinkers if they are:
 - malnourished
 - at risk of malnourishment
 - they have decompensated liver disease
 - are in acute withdrawal
 - before and during a planned medically assisted alcohol withdrawal
- 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).
- They do not recommend prescribing vitamin B compound/complex preparations.

Re-feeding syndrome

- NICE Clinical Guideline 32 (2006) advises that for people identified as at high risk of developing refeeding syndrome (usually identified on acute admission), the following should be provided immediately before and during the first 10 days of feeding only:
 - oral thiamine 200 – 300 mg daily
 - vitamin B co strong 1 or 2 tablets, three times a day
 - a balanced multivitamin/trace element supplement once daily
- 14 days TTOs should be sufficient to cover the 10 day post-feeding risk period so that continued prescription is not required.

Peripheral neuropathy

- Cochrane review Vitamin B for treating peripheral neuropathy (2008) advises there is insufficient evidence to determine whether vitamin B is beneficial or harmful in this condition.

Product content and cost

- The B vitamin content of either OTC vitamin B complex or OTC multivitamin & mineral products is almost identical to the B vitamin content of prescribed vitamin B compound and vitamin B compound strong.

- The purchase cost of OTC vitamin B complex or OTC multivitamin & mineral products is significantly lower than the FP10 cost of prescribing

Product	Niacin (mg)	Riboflavin (mg)	Vitamin B6 (mg)	Thiamine (mg)	Approx annual cost per pt (od)
<i>RNI for adults aged 50 years and over</i>	<i>6.6mg/1000kcal</i>	<i>1.1 – 1.3mg</i>	<i>0.15mcg/gram protein</i>	<i>0.4mg/1000kcal</i>	----
Prescribed vitamin B compound	15	1	0	1	£346 (cost to NHS)
Prescribed vitamin B compound strong	20	2	2	4.85	£64 (cost to NHS)
OTC one-a-day multivitamin & mineral product	16 - 20	1.4 – 2.0	1.4 – 2.0	1.1 – 1.4	£14* (cost to patient)
OTC one-a-day vitamin B complex	16 - 18	1.4 – 1.6	1.4 – 2.0	1.1 – 1.4	£7* (cost to patient)

(* Major supermarket price correct as of April 2019)

Proposed Formulary Changes

To make the following the only circumstances in which vitamin B compound and vitamin B compound strong can be prescribed:

- Vitamin B compound - Prophylaxis of identified vitamin B deficiencies.
- Vitamin B compound strong – Treatment of identified clinical and sub-clinical vit B deficiency states

Resources which are being retired

None

PROPOSED ASSESSMENT AGAINST THE ETHICAL FRAMEWORK **– to be agreed by committee**

Evidence of Clinical Effectiveness

- NICE Clinical Guideline 115 (2011) recommends prescription of prophylactic oral thiamine for problem drinkers in specific situations, but does not specifically recommend prescription of vitamin B compound strong
- NICE Clinical Guideline 32 (2006) recommends provision of vitamin B compound strong (together with thiamine and a multivitamin & mineral supplement) in suspected cases of refeeding syndrome – usually identified on acute admission. NICE advises that these products are required for the first 10 days of re-feeding only.
- NHS England advises that prescribing complete multi vitamin & mineral supplements is a low clinical priority and that low cost OTC products should be purchased by patients instead.
- The B vitamin content of vitamin B compound and vitamin B compound strong are almost identical to the B vitamin content of either an OTC complete multi vitamin & mineral supplement or an OTC vitamin B complex product and either will meet the RNI for adults. Such OTC products are also significantly cheaper to purchase than they are to prescribe.
- Significant reduction in prescription of vitamin B compound and vitamin B compound strong is achievable as evidenced by other CCGs where guidance has been produced and implemented <https://openprescribing.net/measure/vitb/>. This change is supported by the lack of evidence for requirement in alcohol abuse and peripheral neuropathy and lack of evidence for more than 10 days supply in refeeding syndrome.

Cost of treatment and Cost Effectiveness

- The costs of these prescribed products have significantly increased in recent years

Produced by East and North Herts CCG and NHS Herts Valleys CCG Pharmacy and Medicines Optimisation Teams
This HMMC recommendation is based upon the evidence available at the time of publication. The recommendation will be reviewed upon request in the light of new evidence becoming available.

The needs of the population

The needs of the population can be considered as low because:

- B vitamin deficiency is rare in the UK
- There is little evidence to demonstrate the requirement for prescription of these products
- OTC products with almost identical nutritional content are widely available at minimal cost to patients

The needs of the community

Vitamin B compounds are comparatively high cost with limited indications for use and need for prescription and current high prescribing spend is a cost-pressure to the health economy.

OTC products with almost identical nutritional content are widely available at minimal cost to patients.

Equity:

No equity issues identified.

Policy Drivers

- NICE (see references)
- NHS England Guidance on conditions for which over the counter items should not routinely be prescribed in primary care
- Reduction in polypharmacy
- Supporting patients to manage medication
- Better use of finite NHS resources

Implementability:

Requires engagement from primary, community and secondary care to ensure equity across the local health economies.

West Herts Hospital Trust Dietitians estimate that approximately 20 – 30% of pts admitted to Watford Hospital may be considered at risk of refeeding syndrome on admission. It is therefore reasonable to extrapolate that a proportion of these patients will have vitamin B compound strong included erroneously on their discharge summaries.

Hertfordshire County Council (as the commissioners of Change, Grow, Live) have advised that they will request their doctors to cease requesting vitamin B compound strong prescription, and this will also require a change to their standard letter (which currently requests vitamin B compound strong prescription). They have also indicated that they should be able to inform GPs that further scripts for existing patients are unlikely to be required.