

Chapter 9. Blood and Nutrition

BNF Paragraph	Formulary Choices	Strength and Form	Additional Comments
Blood and Blood Forming Organs			
1. Anaemias			
1.1 Hypoplastic, Haemolytic, and Renal Anaemias			
Epoetins & Anabolic Steroids	Specialist Prescribing Only		
1.2 Iron Deficiency Anaemia			
Parenteral Iron Formulations	Specialist Prescribing Only		
<i>Oral Iron Formulations</i>	1st Line: Ferrous Fumarate	210mg Tabs, 305mg Caps, 140mg/5ml Syrup,	
	1st Line: Ferrous Fumarate with Folic acid	322mg/350mcg Tabs	
	2nd Line: Ferrous Sulphate	200mg Tabs, 150mg MR Caps, 325mg MR Tabs	
	2nd Line: Ferrous Gluconate	300mg tablets	
	3rd Line: Sodium Feredetate	190mg/5mL Elixir	Sytron®
	Ferric Maltol	Feraccru 30mg Capsules	Not recommended for prescribing in primary or secondary care . MOPB January 2018 (On the RED list)
1.3 Megaloblastic Anaemia			
<i>Vitamins & Trace Elements</i>	1st Line: Hydroxocobalamin	1mg/mL injection	Prescribe generically, branded products are not available on the NHS
	1st Line: Folic Acid	5mg tablets, 2.5mg/5mL oral solution	
2. Iron Overload			
Iron Chelators	Specialist Prescribing Only		
3. Neutropenia and Stem Cell Mobilisation			
Immunostimulants	Specialist Prescribing Only		
4. Platelet Disorders			
4.1 Essential Thrombocythaemia			
Cyclic AMP phosphodiesterase III Inhibitors	Anagrelide	Specialist Prescribing Only	
4.2 Idiopathic Thrombocytopenic Purpura			
Thrombopoietin Receptor Agonists	Eltrombopag	Specialist Prescribing Only	
	Romiplostim		

Nutrition and Metabolic Disorders

1. Fluid and Electrolyte Imbalances

Oral Preparations for fluid and Electrolyte Imbalances	Sodium Bicarbonate	500mg capsules, 600mg tablets	
	Sodium Chloride	600mg MR tabs	
	Oral Rehydration Salt	Oral Powder Sachets	
	Glucodrate®	Oral Powder 39g sachets	Not recommended for prescribing in primary care. MOPB June 2017. Withdrawn from the market Feb 2018 due to biochemical irregularities MOPB 1 March 2018

1.1 Calcium Imbalance

1.1a Hypercalcaemia and hypercalciuria

Bone Resorption Inhibitors	Cinacalcet	30mg, 60mg, 90mg tablets	Specialist prescribing only for Primary hyperparathyroidism MOPB Sept 2017 Secondary hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy maybe prescribed if shared care agreements approved locally, to be considered by MOPB Nov 2017
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1.1b Hypocalcaemia

Calcium Salts	1st Line: Calcium Carbonate	1.25G Chewable Tabs, 2.5G Chewable Tabs	Adcal® Calcichew®, Calcichew Forte®
	2nd Line: Calcium Carbonate	1.25g effervescent Tabs	Cacit®
	2nd Line: Calcium Carbonate with Calcium Lactate	1g effervescent tablets	Sandocal

1.2 Low Blood Volume

Blood and related products	Specialist Prescribing Only		
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1.3 Magnesium Imbalance

Magnesium	1st line: Magnesium Glycerophosphate	97.2mg tablets, 97.2mg capsules, Chewable tabs	Initiated in Secondary care: MagnaPhate (tabs), MagnaPhos (caps), Neomag®(Chew Tabs)
	2nd Line: Magnesium Aspartate	243mg oral powder sachets	Initiated in secondary care: Magnaspartate

1.4 Phosphate Imbalance

1.4a Hyperphosphataemia

Electrolytes and minerals	Aluminium Hydroxide	475mg capsules	Alu-Cap
Phosphate Binders	Restricted- Sevelamer	800mg tabs	
	Restricted- Calcium Acetate	1g tabs	
	Restricted- Lanthanum	500mg tabs, 750mg tabs, 1g tabs	

1.4b Hypophosphataemia

Electrolytes and minerals	Phosphates	Effervescent Tablets	Phosphate Sandoz
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1.5 Potassium Imbalance

Hypokalaemia	Potassium Chloride	470mg Effevescent tablets, 75MG/ML Syrup	Tablets (Sando-K), Syrup (Kay-Cee-L®(1mmol each of K+ and Cl-) should be used if enteral feeding)
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2. Metabolic Disorders

All conditions: Specialist Prescribing Only

Metabolic disease medicines:	L-arginine	MOPB April 2018 Hospital only prescribing; requires specialist prescribing and monitoring
	Betaine	
	Carglumic acid	
	Levocarnitine	
	Nitisinone	
	Sodium benzoate	
	Sodium phenylbutyrate	

3. Mineral and Trace Elements Deficiencies

Zinc	1st Line: Zinc Sulphate	125mg effervescent Tablets	Shouldn't be given unless there is good evidence of deficiency
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4. Intravenous Nutrition

Specialist Prescribing Only

5. Oral Nutrition

Specialist Prescribing Only

6. Vitamin Deficiency

NHSE - Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs (29 March 2018)

Vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.

Exceptions

- Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis. NB maintenance or preventative treatment is not an exception.
- Calcium and vitamin D for osteoporosis.
- Malnutrition including alcoholism (see NICE guidance)
- Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)

[Vitamin and Mineral Decision Document: West Essex CCG does not commission Maintenance or Preventative vitamin and mineral supplementation.](#)

Vitamin A	Preparations containing only <i>Vitamin A</i> are not licensed, refer to multivitamin preparations		
Vitamin B	Thiamine (Vitamin B1)	25mg, 50mg, 100mg	
	Also refer to multivitamin preparations		
Vitamin C	Ascorbic Acid	50mg, 100mg, 200mg, 500mg tabs	
	Combination preparations available		
Vitamin D deficiency in adults	1st Line: Colecalciferol 40,000units/week for 7 weeks	20,000unit capsules	Hux
	2nd Line: Colecalciferol 50,000units once weekly for 6 weeks	25,000units/2.5ml solution	Thorens

Vitamin D deficiency in adults - cont.	3rd Line: Colecalciferol 4,000units daily for 10 weeks	4,000unit tablets	Desunin
	Restricted- Ergocalciferol	300,0000 U injections	For patients unable to take (e.g. vegan) or absorb oral replacement
	Restricted -Alfacalcidol, Calcitriol		Specialist Prescribing Only
Vitamin D deficiency in children	Cholecalciferol	25,000units/2.5ml drops	Thorens
Vitamin D maintenance in adults (see NHSE guidance above)	Cholecalciferol	400iu, 800iu,1000iu, 2000iu, 3,200iu and 4000iu	Available OTC
Vitamin D & Calcium combination Preparations	Calcium Carbonate and Colecalciferol	1.5G/10mcg Chew Tabs, 1.5g/10mcg Efferv Tabs, 750mg/5mcg Caplets, 1.25mg/10mcg Chewtabs, 500mg/10mcg Tablets	Adcal D3, Calcichew D3 Forte, Calceos, Accrete D3
Vitamin E	1st line: α - Tocopheryl Acetate	Oral Suspension, Chewable tabs, Capsules	Some brands include: Vita-E, E-tabs
Vitamin K	1st Line: Phytomenadione	10mg/ml 0.2ml Inj, 10mg/ml 1ml Inj	Specialist Prescribing only - For reversal of anticoagulation
	Menadiol	10mg tablet	
Multivitamins (A and D)	1st line- A and D Capsules	Oral drops, BPC Caps	Abidec® Drops, Dalivit® Drops
Multivitamins (Haemodialysis)	Renavit	Tablets	Specialist Initiation.
Multivitamins (Cystic Fibrosis)Ⓜ	DEKAs PlusⓂ(A, D, E and K)Ⓜ	Paediatric Liquid, Softgel capsules, Chewable tablet	CUHT: where additional Vitamin K is required, this will be supplied by the Trust.
Vitamin and Mineral supps adjuncts to synthetic diet	1st line-Vitamin capsules BPC		
	2nd line-Forceval Caps		
	2nd Line-Ketovite Tabs and Liq		To be used together for complete vitamin supplementationⓂ
Vitamins for Age Related Macular Degeneration			
Omega 3 fish oils	MOPB June 2017 not recommended as regarded as low priority, poor value for money. There are no good quality data for the use of omega 3 fish oils in prevention of dementia, pre-menstrual syndrome, attention-deficit hyperactivity disorder (ADHD), atrial fibrillation, eczema, osteoarthritis or age related macular degeneration.		