North Central London
Joint Formulary Committee

Managing medicines during the COVID-19 pandemic: Vitamin B_{12} injections (Maintenance)

Key points of position statement

NCL advice during COVID-19 pandemic for patients established on intramuscular hydroxocobalamin

1. **Vitamin B_{12} deficiency *not* thought to be diet related in patients *without* absorption issues**
   E.g. Pernicious anaemia, achlorhydria, pancreatic insufficiency, bacterial overgrowth

   NICE CKS recommendation: 1mg hydroxocobalamin (intramuscular) every 2 -3 months

   During COVID-19 pandemic: The need for intramuscular (IM) hydroxocobalamin should be discussed with each patient individually. Oral cyanocobalamin can be offered as an alternative until IM injections can safely be resumed, aiming to have a shortest break possible from regular injections. The British Society for Haematology recommends a dose of 1000 micrograms per day. *NB: 1000 microgram oral formulations are unlicensed; patient consent will be required and is recommended to be documented in patient notes.*
   Patients should be advised to monitor their symptoms and should contact their GP if they begin to experience neurological or neuropsychiatric symptoms such as pins and needles, numbness, problem with memory or concentration or irritability. For patients reporting symptoms following a change to oral supplementation, consideration should be given to reverting to the IM route. The risks associated with face to face contact required for the administration of the IM injection should be discussed with the patient.

2. **Vitamin B_{12} deficiency *not* thought to be diet related in patients with absorption issues**
   E.g. short bowel syndrome, extensive ileal resections, bariatric surgery and/or gastrectomy
   It is recommended that IM hydroxocobalamin continue in this cohort of patients as oral supplementation is unlikely to be of benefit. The need for IM hydroxocobalamin and the risk associated with face-to-face contact required for the administration of the injection should be discussed with each patient individually.

Patients who are <u>currently</u> self-administering IM hydroxocobalamin should continue to do so.

3. **Vitamin B_{12} deficiency thought to be diet related**

   NICE CKS 2019: Oral cyanocobalamin tablets 50–150 micrograms daily between meals or twice-yearly hydroxocobalamin 1 mg injection. In vegans, treatment may need to be life-long, whereas in other people with dietary deficiency replacement treatment can be stopped once the vitamin B12 levels have been corrected and the diet has improved.

During COVID-19 pandemic: Many of these patients are B_{12} replete therefore B_{12} supplements can be suspended during the outbreak. Patients can be advised to take oral cyanocobalamin 50 -150 micrograms daily between meals if needed. Patients on vegetarian and especially vegan diets should continue taking oral supplements.

NHS England states that vitamins and minerals for maintenance and preventative treatment should not be prescribed in primary care. Cyanocobalamin tablets are available for purchase over the counter.

Give dietary advice about foods that are a good source of vitamin B_{12}. Good sources of vitamin B_{12} include eggs, meat, milk and other dairy products and fish (salmon and cod). Foods which have been fortified with vitamin B_{12} (for example some soy products, and some breakfast cereals and breads) are good alternative sources.

Following the temporary cessation of injections or change to alternative oral supplementation, intramuscular vitamin B_{12} injections should start again as soon as practicable in patients where there is a need.

*** Disclaimer ** This guidance does not cover the initiation of vitamin B_{12} injections. This is rapid interim guidance developed to respond to prescribing and medicines management issues emerging during the COVID-19 pandemic. Best efforts have been made to consult with the relevant specialities before guidance is published. In the current climate guidance is subject rapid change, often on a daily basis. Please consider this when utilising this guidance.*

Background:

During the COVID-19 pandemic, administration of B_{12} injections by healthcare professionals should be reviewed and oral supplementation considered as an alternative, where possible. Oral supplementation is appropriate for most patients; patients with persistent symptoms or those who will not be able to absorb oral formulations should remain on B_{12} injections.

Guidance and Rationale:

At the present time administration of vitamin B_{12} represents a potentially unnecessary caseload of patients who do not need to be visiting practices for administration of the injection. The approach detailed above is suggested to manage patients currently receiving administration of maintenance vitamin B_{12} injections. These steps must be followed on a patient-by-patient basis, to prevent withholding injections from patients who are symptomatic and require treatment. Intramuscular vitamin B_{12} injections should start again as soon as practicable where there is a need .

References

Royal College of General Practitioners. Guidance on Workload Prioritisation During COVID-19. April 2020. Available at: https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP-guidance/202003233RCGPGuidanceprioritisationroutineworkduringCovidFINAL.ashx?la=en

British Society for Haematology. BSH guidance on B12 supplements during COVID pandemic. May 2020. Available here: https://b-s-h.org.uk/media/18275/bsh-guidance-b12-replacement-covid-1901052020finalv.pdf

The Association of British Dieticians. Vitamin B12 and bariatric surgery - advice during COVID-19. April 2020. Available at: https://www.bda.uk.com/resource/vitamin-b12-and-bariatric-surgery-advice-during-covid19.html

Medicines.org.uk. (2019) Cyanocobalamin 50 mcg Tablets – Summary of Products Characteristics (SPC) – (eMC) Available at https://www.medicines.org.uk/emc/product/5716/smpc

National Institute for Health and Care Excellence Clinical Knowledge Summaries. Anaemia - B12 and Folate deficiency. Available at https://cks.nice.org.uk/anaemia-b12-and-folate-deficiency#!scenarioRecommendation

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