

## BSH advice on hydroxocobalamin injection alternatives during COVID-19

The British Society of Haematology first published guidance on alternatives to hydroxocobalamin injections in early April<sup>1</sup>, and after publication there was a lot of concern expressed by patients and organisations such as the Pernicious Anaemia Society particularly about their advice for patients with non-dietary B12 deficiency. This was because their guidance stated that “liver stores last for a year and hence levels of B12 will not be affected if one to two 3 monthly injections are omitted in patients on maintenance parenteral B12 supplements.”

This has led towards the BSH redacting their original guidance<sup>1</sup> and publishing updated guidance<sup>2,3</sup>. The recommendations that they make for the “non-dietary” related B12 deficiency in the updated guidance are particularly difficult to follow as they suggest patients should be switched to oral cyanocobalamin at a high dose (outside of the license) of 1mg daily. This causes problems as follows:

- The dose is outside of the license and equates to TWENTY x 50mcg cyanocobalamin tablets per day.
- The only licensed oral strength of cyanocobalamin is a 50mcg tablet. There is a 1mg oral food supplement available of cyanocobalamin but that is not prescribable and can only be purchased OTC. If it is prescribed there is a risk that an unlicensed special will be provided at very high cost.

**Local haematology consensus is that for NON-DIETARY related B12 deficiency, it would be better to continue with hydroxocobalamin injections where possible, and if a patient is shielding to look into the possibility of the patient or carer being trained to administer the injections instead.**

## Summary of treatment options (local consensus)

Patients where B12 deficiency was associated with significant neurological impairment should continue with regular injections if at all possible.

Patient group	Option 1	Option 2	Option 3*
Confirmed diagnosis of pernicious anaemia <b>Non-shielded</b>	Continue with injections via a HCP	Self-inject or continue with injections via a family member (training might be required).	Patient can buy high strength cyanocobalamin 1mg tablets OTC (food supplement) and take 1 tablet daily, they are not prescribable on FP10.
Confirmed diagnosis of pernicious anaemia <b>Shielded</b>	Continue with injections via a HCP wearing appropriate PPE; drive-through appts might be an option.	Self-inject or continue with injections via a family member (training might be required)	Carer can buy high strength cyanocobalamin 1mg tablets OTC (food supplement) and take 1 tablet daily, they are not prescribable on FP10.
<b>Non-diet related</b> confirmed vitamin B12 deficiency + non-symptomatic following vitamin B12 injections >6 months	Continue with injections via a HCP OR treatment break for 3-6 months, then resume injection following reassessment of condition	If neurological symptoms return during the break period resume injections every 3 months either via HCP or self-administration (training might be required)	Patient can buy high strength cyanocobalamin 1mg tablets OTC (food supplement) and take 1 tablet daily, they are not prescribable on FP10.
<b>Non-diet related</b> confirmed vitamin B12 deficiency + receiving vitamin B12 injections >1 month but <6 months	Continue with injections via a HCP	Self-inject or continue with injections via a family member (training might be required).	Patient can buy high strength cyanocobalamin 1mg tablets OTC (food supplement) and take 1 tablet daily, they are not prescribable on FP10.
<b>Diet related</b> vitamin B12 deficiency (mild vitamin B12 deficiency)	Patient to purchase oral cyanocobalamin tablets OTC; 50-150 micrograms daily.		

**\*Note that patients with non-diet related confirmed deficiency and pernicious anaemia should NOT be maintained on oral OTC cyanocobalamin long-term after the covid pandemic, it is only a **short-term** option as the efficacy of this method of supplementation is not proven.**

Also note that patients are directed to BUY oral cyanocobalamin rather than have it prescribed on FP10 as per NHSE OTC guidance (<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>), p17 where vitamins being used for maintenance or prevention of deficiency are not an exception.

### Working together:

NHS Bath and North East Somerset Clinical Commissioning Group

NHS Swindon Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group

Medicines Optimisation

Date prepared: 6/5/2020

## Actions:

- Practices should identify all patients who currently receive vitamin B12 injections and decide the appropriate course of action based on the options presented above.

## References:

1. [BSH guidance on B12 supplements during COVID pandemic](#) original version 9<sup>th</sup> April 2020
2. British Society for Haematology (BSH) guidance on VitaminB12 replacement during the COVID-19 pandemic <https://b-s-h.org.uk/media/18259/bsh-guidance-b12-replacement-covid-1924042020finalversion2020-4-3.pdf> (current version)
3. BSH guidance on B12 during Covid-19 changed. Pernicious Anaemia Society. <https://pernicious-anaemia-society.org/pernicious-anaemia/bsh-guidance-on-b12-changed/>

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