

## **Kent and Medway ICB Vitamin B12 Position Statement**

Kent and Medway ICB does **not** support the prescribing of oral cyanocobalamin tablets.

For **Vitamin B12 deficiency anaemia**, NHS Kent and Medway supports the use of IM hydroxocobalamin injections.

### Recommendations:

- No new patients should be prescribed 50mcg or 100mcg tablets.
- For diet-related, asymptomatic cases with borderline vitamin B12 result (150-200ng/L), patients should be advised to purchase oral cyanocobalamin 50microgram tablets over the counter.
- For diagnosed deficiency or symptomatic cases needing treatment then patients should be prescribed IM hydroxocobalamin, in preference to oral cyanocobalamin.

The British Society for Haematology (BSH) guidance on Vitamin B12 replacement during the COVID-19 pandemic<sup>1</sup> provides advice on options to consider when patients are unable to attend for IM hydroxocobalamin injections only.

NICE CKS<sup>2</sup> provides similar advice and also recommends oral cyanocobalamin 50micrograms to 150micrograms daily for diet-related, asymptomatic cases however there is no evidence to support prescribing at low doses and only very limited evidence for the use of oral cyanocobalamin 1mg or 2mg daily dose.<sup>3, 4</sup>

### **IM hydroxocobalamin remains the most cost-effective option based on clinical efficacy supported by evidence and should be the preferred choice for treatment.**

NHS England Guidance on Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs (2018), recommends vitamins to be prescribed only for 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. Maintenance or preventative treatment is not an exception.

NICE guidance on Vitamin B12 deficiency, including pernicious anaemia: diagnosis and management<sup>5</sup> is due to be published November 2023, at which time this position statement will be reviewed.

### References

1. British Society for Haematology guidance on Vitamin B12 replacement during the COVID-19 pandemic. 2020. [bsh-guidance-b12-replacement-covid-19-24042020finalversion2020-4-3.pdf](https://www.bsh.org.uk/wp-content/uploads/2020/04/bsh-guidance-b12-replacement-covid-19-24042020finalversion2020-4-3.pdf) (b-s-h.org.uk)
2. NICE CKS. Management of anaemia – vitamin B12 and folate deficiency. 2019. [Scenario: Management | Management | Anaemia - B12 and folate deficiency | CKS | NICE](#)
3. Devalia et al. Guidelines for the diagnosis and treatment of cobalamin and folate disorders. 2014. [Guidelines for the diagnosis and treatment of cobalamin and folate disorders - Devalia - 2014 - British Journal of Haematology - Wiley Online Library](#)
4. Vidal-Alaball et al. Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency. 2016. [Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency - PMC \(nih.gov\)](#)

5. NICE Guidance in development. Vitamin B12 deficiency, including pernicious anaemia: diagnosis and management. Expected November 2023. [Project information | Vitamin B12 deficiency, including pernicious anaemia: diagnosis and management | Guidance | NICE](#)