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**Managing Vitamin B12 Injections during COVID-19 Pandemic**

**Context:**

***New guidance for investigation and Treatment of adult B12 deficiency in primary care was recently agreed for Dorset in Jan 2020. GPs should be aware of this guidance when interpreting the following:*** [***access here***](https://www.dorsetccg.nhs.uk/Downloads/aboutus/medicines-management/Other%20Guidelines/Vit%20b12%20guidelines%20v1.3%20post%20DMAG%20jan%2020.pdf?UNLID=8799017362020316124658.) ***(or search Dorset Formulary for hydroxocobalamin).***

***Additionally, the RCGP has suggested that during the pandemic administration of B12 is an ‘AMBER’ priority (continue if capacity allows) and that patients could be educated to self-administer.***

***Links to COVID-19 interim resources available on front page of the Dorset Formulary:*** [***www.dorsetformulary.nhs.uk***](www.dorsetformulary.nhs.uk)

***This is the interim LOCAL DORSET CCG Response:***

**\*\* Inform the patient of the decisions made and why. These are temporary arrangements during COVID-19 pandemic only - see below for link to the Pernicious Anaemia Patient Group \*\***

**Guidance and Rationale:**

*Dorset is amongst the top users of Hydroxocobalamin 1mg/1ml Amp for injection in the UK according recent data with a typical monthly issue of approximately 4 to 4.5 thousand items per month, therefore a large patient volume. We have taken local advice and suggest at the present time that administration of vitamin B12 represents a potentially unnecessary caseload of patients who do not need to be visiting practices or receiving district nurse visits for administration of the injection.*

*The Medicines Optimisation team is suggesting the following approach to managing Vit B12 patients. These steps must be followed in a stepwise manner, on a patient-by-patient basis, to prevent withholding injections from patients who are symptomatic and require treatment.*

1. ***Postpone current appointments*** *to prevent footfall through the practices. This is a responsible measure to reduce non-vital patient/ staff contact. Some patients may be anxious about missing doses, but this is less important than risk of transmission at this time.*
2. ***Review the diagnosis*** *– if need for Vit B12 injection is in any way suspect (non-specific symptoms/ absence of objective clinical parameters) then deprescribe at the present time and set a review date of 3 to 6 months to review this patient cohort. Patients can be advised to purchase a product which contains a minimum dosage of 50mcg/ day if they are concerned*
3. *If the diagnosis and* ***need for treatment is certain BUT the patient has recently had an injection*** *then review the possibility to administer the next dose in 3 months’ time depending on the duration and extent of COVID disruption. Nationally, consultant haematologists have suggested that the risk to patients due to disrupted dosage regimens in the short to medium term is small.*
4. *If the diagnosis and* ***need for treatment is certain and the patient is DUE a dose imminently*** *then these patients can be* ***temporarily switched*** *to the unlicensed* ***high dose oral cyanocobalamin 1mg*** *(1000mcg) (Dose 1 – 2 mg daily). Avoid prescribing special order/ imported products. Prescribe 28 days’ supply and add to patients repeat. Set a review date for 3 to 6 months.*
5. *For patients where the* ***oral dose is not suitable*** *(i.e. total gastrectomy, serious malabsorption & lack of production of gastric intrinsic factor then consider following* ***EITHER a) RCGP advice to educate patients to self-administer B12 injections****, but carefully consider how easier this is in practice under the present conditions (patient contact time required to do provide education, supplies of sharp-boxes and needles etc. or* ***b) continue to administer IM injections in the practice*** *(these patients have no other options and would be fewer in number vs. current cohort, therefore potentially manageable).*

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*Practices should be aware the Pernicious Anaemia Society (patient group) has issued its own independent advice on dealing with vitamin B12 during COVID-19. These can be accessed here* [*https://pernicious-anaemia-society.org/articles/b12-injections-stopped-in-parts-of-uk-due-to-covid-19-virus/*](https://pernicious-anaemia-society.org/articles/b12-injections-stopped-in-parts-of-uk-due-to-covid-19-virus/)

*The Dorset CCG does not currently endorse agree with these recommendations.*

*\*\* Disclaimer \*\**

*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. We ask practices only to adopt guidance National Guidance from NHS England & Improvement or from Dorset CCG.*