NHS
Suffolk and
North East Essex

Position Statement for Vitamins and Minerals

Oral cyanocobalamin - Vitamin B12

The recommendations in this document refer to those over the age of 16 years. Refer to NICE Guideline NG239 for more information on diagnosis, management and monitoring.

Summary

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) **does not** support the prescribing of **oral cyanocobalamin** in primary care settings **except** where specified below:

Cause of B12 deficiency	Indication	Maintenance Refer to NICE guidance for initial management of deficiency
Non-diet related conditions i.e.	• Autoimmune gastritis (pernicious anaemia) • total gastrectomy • terminal ileal resection	Oral cyanocobalamin would not normally be effective in managing deficiency due to malabsorption. Patients should be offered hydroxocobalamin intramuscular (IM) injection.
	• malabsorption for reasons not listed above i.e. caused by ○ coeliac disease, ○ partial gastrectomy ○ some forms of bariatric surgery being sleeve gastrectomy (SG), Roux-en-Y gastric bypass (RYGB), and one-anastomosis gastric bypass (OAGB).	Replacement with hydroxocobalamin intramuscular (IM) injection is recommended. In cases where the injection is not tolerated or refused then a large oral dose of cyanocobalamin 1mg (1000mcg) daily can be offered. Treatment is expected to be lifelong. For patients who have self-funded bariatric surgery refer to our policy on Post-operative support for self-funded bariatric surgery

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Cause of B12 deficiency	Maintenance Refer to NICE guidance for initial management of deficiency
Diet-related	Following treatment of deficiency, a preventative/maintenance dose of cyanocobalamin 50mcg-150mcg daily may be self-purchased in line with NHSE NHS England Conditions for which over the counter items should not routinely be prescribed in primary care Give advice around the food sources of B12 In exceptional cases where oral maintenance cyanocobalamin is not considered appropriate and ongoing management is required, hydroxocobalamin injection can be continued twice a year
Medication induced i.e. metformin, colchicine, topiramate, H2 receptor antagonists or PPIs	Some medicines can cause low levels which do not require replacement unless there is associated B12 deficiency anaemia or suspected neuropathy. If appropriate review the medicine that is the suspected cause of vitamin B12 deficiency to see if it is still required or can be changed to a suitable alternative. Offer either intramuscular or oral vitamin B12 replacement for managing a deficiency based on clinical judgement and the person's preference. Review the need for vitamin B12 replacement if the medicine causing the side effect is stopped **Metformin**: The MHRA recommends periodic serum vitamin B12 monitoring in patients with risk factors for vitamin B12 deficiency. Click here for more information.
Nitrous oxide misuse	Refer to NICE guidance NICE Guideline NG239
Unknown cause	Where malabsorption has been excluded, review response to treatment at the patients follow-up appointment.

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Follow up guidance in primary care for existing patients on oral cyanocobalamin:

For **low doses** i.e. 50 – 150mcg daily but **less than** 1000mcg daily

- Where possible determine the original indication
    - For the prevention of diet-related deficiency, patients should be advised to self-purchase
    - For all other causes/suspected causes, consider stopping low dose oral cyanocobalamin and advise patients to come back if symptoms return.

      Should patients return with symptoms, clinically reassess the patient. If symptoms are consistent with B12 deficiency and treatment is still appropriate, restart treatment taking into account whether intramuscular hydroxocobalamin (particularly if neurological symptoms are present) or a higher dose of oral cyanocobalamin is appropriate - refer to NICE Guideline NG239 for more information on diagnosis, management and monitoring. *Please note, if neurological symptoms are present, seek urgent specialist input from neurology or haematology according on whether the clinical findings suggest a primary neurological involvement or a haematological cause - consider advice and guidance - if recommendation delayed, initiate treatment.*

    - Following review, ensure that patients who remain on cyanocobalamin for any indication - continue to be reviewed on a regular basis i.e. assess symptom response, and treatment discontinued if there is no evidence of ongoing effectiveness.

For **high doses**: ≥ 1mg (1000mcg) daily

- Where possible determine the original indication and refer to the table on page 1
- At the patients next review ask about symptoms
- Following review, ensure that patients who remain on cyanocobalamin for any indication - continue to be reviewed on a regular basis i.e. assess symptom response, and treatment discontinued if there is no evidence of ongoing effectiveness.

Further support

- Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via: E-mail: pals@snee.nhs.uk or Telephone: 0800 389 6819

References:

1. NHS England. Guidance on conditions for which over the counter items should not be routinely prescribed in primary care
2. NICE Clinical Knowledge Summary (2024) Management of anaemia - vitamin B12 and folate deficiency.
3. NICE: Vitamin B12 deficiency in over 16s: diagnosis and management NICE Guideline NG239
4. MHRA Drug Safety Update: Metformin and reduced vitamin B12 levels
5. BOMSS guidance 2020: British Obesity and Metabolic Surgery Society Guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery

Produced by SNEE Medicines Optimisation Team
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