

BSH advice on hydroxocobalamin injection alternatives during COVID-19

The British Society of Haematology first published guidance on alternatives to hydroxocobalamin injections in early April¹, 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 guidance¹ and publishing updated guidance^{2,3}. The recommendations that they make for the “non-dietary” related B12 deficiency in the updated guidance suggest patients should be switched to oral cyanocobalamin at a dose of 1mg daily. This regimen can be provided as follows:

- A new licensed medicine became available in October of 1mg cyanocobalamin tablets called Orobalin®. This is a POM so has to be provided on a FP10 prescription.
- There is also a 1mg oral food supplement available of cyanocobalamin but that is not prescribe-able and can only be purchased OTC.

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 care giver 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 Non-shielded	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, or give orobalin® 1mg tablets on FP10.
Confirmed diagnosis of pernicious anaemia Shielded	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, or give orobalin® 1mg tablets on FP10.
Non-diet related 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, or give orobalin® 1mg tablets on FP10.
Non-diet related 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, or give orobalin® 1mg tablets on FP10.
Diet related vitamin B12 deficiency (mild vitamin B12 deficiency)	Patient to purchase oral cyanocobalamin tablets OTC; 50-150 micrograms daily.	Prescribe Orobalin® 1mg tablets on FP10.	

*Note that patients with non-diet related confirmed deficiency and pernicious anaemia should NOT be maintained on oral 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:

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 9th April 2020
2. British Society for Haematology (BSH) guidance on Vitamin B12 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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