This policy statement is approved by Halton, Knowsley, Liverpool, Southport and Formby, South Sefton, St Helens, Warrington and West Lancashire CCGs

Halton	Knowsley	Liverpool	Southport and Formby	South Sefton	St Helens	Warrington	West Lancashire
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LICENSED ORAL COLECALCIFEROL products							
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The Pan Mersey Area Prescribing Committee recommends
that where the prescribing of oral COLECALCIFEROL products
is deemed appropriate licensed medicines should be prescribed
for both adults and children

The Pan Mersey Area Prescribing Committee recommends that, wherever possible, an oral colecalciferol product that is a licensed medicine, within its licensed indications, should be prescribed. Where this is not possible, a licensed medicine used outside its licensed indications i.e. "off-label" should be prescribed.

MHRA guidance states that where a UK licensed product can meet the clinical need it should be used 'off-label' in preference to unlicensed imports, specials and foods for medicinal purpose.¹ The licensed regimens may differ from the regimens in guidelines or recommended by secondary or tertiary care consultants. In these cases, it is advised that the most appropriate licensed medicine to achieve the recommended regimen should be chosen and prescribed outside its licensed indications i.e. "off-label."

Currently available licensed medicines include those listed below. For full details see the relevant Summary of Product Characteristics (SPC.) Healthy Start Vitamins, Dalivit Drops and Abidec drops should be considered for pregnant women, new mums, babies and young children in line with <u>DH2011a</u>.

<u>Colecalciferol 25,000 international units in 1ml oral</u> solution unit dose ampoules (InVita D3)

R E E N

Licensed for both treatment and prevention of deficiency in children aged 0-18 and adults.

Colecalciferol 25,000 international unit tablets (Stexerol D3)

Licensed for both treatment and prevention of deficiency in children over 12 years and adults

Colecalciferol 20,000 international unit capsules (brands available include (Aviticol, Fultium-D3 and Plenachol) Licensed for both treatment and prevention of deficiency in children over 12 years and adults.

Colecalciferol 10,000 international units in 1ml oral drops (200 international units in 1 drop) (THORENS)

Licensed for both treatment and prevention of deficiency in children aged 0-18, and prevention in adults and pregnant and breast-feeding women

Colecalciferol 3,200 international unit capsules (Fultium-D3)

NB: Batches manufactured before October 2014 contain arachis (peanut) oil, batches manufactured after this date do not. Patients who need to avoid peanut oil should be advised to check the ingredients listed in the Patient Information Leaflet enclosed in the pack of medicine that they receive.

Licensed for treatment of deficiency in adults and the elderly.

Colecalciferol 2,740 international units in 1ml oral drops (400 international units in 6 drops) (Fultium-D3 Drops) Licensed for both treatment and prevention of deficiency in children aged 0-18, adults, the elderly and pregnant and breast-feeding women

Colecalciferol 2,400 international units in 1ml oral drops (400 international units in 6 drops) (Invita D3 oral drops) Licensed for prevention of deficiency in children aged 0-18 and pregnant and breast-feeding women.

<u>Colecalciferol 1,000 international unit tablets (Stexerol D3)</u> Licensed for both treatment and prevention of deficiency in children over 12 years and adults

Colecalciferol 800 international unit capsules (Fultium-D3) NB: See note above about arachis (peanut) oil content of batches of Fultium-D3 produced before October 2014. Licensed for both treatment and prevention of deficiency in children over 12 years, adults (including pregnant and breastfeeding women) and the elderly.

<u>Colecalciferol 800 international unit tablets (Desunin)</u> Licensed for both treatment and prevention of deficiency in adults and adolescents.

Note: Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. If appropriate an exceptional funding request will be required following the usual locally defined process.

LICENSED ORAL COLECALCIFEROL products

EFFECTIVENESS	SAFETY		
The Pan Mersey Vitamin D Guidelines are currently under review. There are Department of Health recommendations and National Guidance	Please refer to individual SPC links.		
which give differing definitions of deficiency and insufficiency and differing	Contraindications: hypersensitivity to vitamin		
recommendations of doses required to correct and maintain appropriate	D or any of the excipients, hypervitaminosis		
levels dependent on the patient. Please consult the following for further	D, nephroliathisis, diseases or conditions		
information:	resulting in hypercalcaemia and/or		
NICE maternal and child nutrition (PH 11)	hypercalciuria, severe renal impairment or		
NICE Antenatal Care (<u>CG 62</u>)	pseudohypoparathyroidism (other forms of		
NICE Falls: assessment and prevention of falls in older people	vitamin D should be used)		
(<u>CG 161</u>)	,		
 National Osteoporosis Society: Vitamin D and Bone Health: A 	Undesirable effects include hypercalcaemia;		
Practical Clinical Guideline for Patient Management	and hypercalciuria which are listed as		
http://www.nos.org.uk/document.doc?id=1352	uncommon. Use with caution in patients		
 Delivering a healthy start for pregnant women, new mums, 	suffering from sarcoidosis due to risk of		
babies and young children DH2011a	vitamin D in its active form and calcium		
 Vitamin D – advice on supplements for at risk groups (<u>Chief</u> 	content should be monitored in the urine.		
Medical Officers 2012)	Use with caution in those receiving		
 Guide for Vitamin D in Childhood (<u>RCPCH 2013</u>) 	treatment for CVD.		
NICE has published Public Health Guidance, Vitamin D:	treatment for CVD.		
increasing supplement use among at-risk groups, published			
November 2014 PH56			
COST ²	PATIENT FACTORS		
Loading dose cost is per course of 300,000 international units, given either	Caution in renal impairment (monitor		
as weekly or daily split doses ³	calcium and phosphate levels). The risk of		
Adult maintenance and paediatric dose costs are per annum.	soft tissue calcification should be taken into		
	account.		
For typical adult loading dose (300,000 international units over a short	These are limited data as the use of high		
period) Fultium D3 [®] or Avitcol [®] 20,000 international units caps £14.50	There are limited data on the use of high-		
Fultium D3 [®] or Avitcol [®] 20,000 international units caps£14.50Stexerol D3 [®] 25,000 international unit caps£17.00	doses of colecalciferol in pregnant women.		
InVita $D3^{\circ}$ 25,000 international units per ml £17.80	For this reason, only licensed products at licensed doses should routinely be		
	prescribed for this patient population.		
For typical adult maintenance dose (800-1,000 international units daily or	procention in a patient population.		
20,000 - 25,000 international units monthly)			
Fultium $D3^{\text{B}}$ or Avitcol [®] 20,000 international units caps £11.60			
Stexerol D3® 25,000 international unit caps £17.00			
InVita D3 [®] 25,000 international units per ml £17.80			
Stexerol D3 [®] 1,000 international unit caps £38.46			
Desunin [®] or Fultium D3 [®] , 800 international units tabs/caps £43.80			
For typical paediatric doses (200 – 1,500 international units daily)			
THORENS 10,000 international units in 1ml oral drops£ 4.27 - £32.03Fultium D3 [®] oral drops or Invita D3 [®] oral drops£10.95 - £82.15			
Fultium D3 [®] oral drops or Invita D3 [®] oral drops£10.95 - £82.15			

PRESCRIBING INFORMATION

Unless advised differently by the specialist for an individual patient, adjusted serum calcium should be checked 1 month after starting treatment or if a loading regimen is prescribed, 1 month after completion of the loading regimen.³

Desunin tablets can be swallowed whole or crushed.

IMPLEMENTATION NOTES

Vitamin D deficiency or insufficiency can be diagnosed and treated in primary, secondary or tertiary care. If prescribing is initiated in secondary or tertiary care, it is recommended that a clear plan of dosage and timescales is clearly documented in the patient's medical notes and communicated to primary care.

REFERENCES

- 1. MHRA. Guidance Note 14. The supply of unlicensed medicinal products ("specials) <u>Supply unlicensed medicinal products</u> (specials) - <u>Publications - GOV.UK</u> accessed 26/09/16
- 2. Drug Tariff Online. Accessed 19/10/16 Drug Tariff Online
- 3. National Osteoporosis Society. Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management: accessed 26/09/16 NOS2013