COLLEGE OF DIETITIANS OF ALBERTA

Guidelines for Recommending Vitamin D Supplementation and Dietetic Practice

Introduction

According to the National Association of Pharmacy Regulatory Authorities (NAPRA) Drug Schedule database, Vitamin D is considered a Schedule 1 drug and would require a prescription when:

> For human use - in oral dosage form containing more than 62.5 mcg or 2,500 International Units of Vitamin D per dosage form, or where the largest recommended daily dosage shown on the label would result in the daily intake by that person of more than 62.5 mcg or 2,500 International Units of Vitamin D (effective February 24, 2021)
>
> https://napra.ca/nds/vitamin-d retrieved April 9, 2021.

This change / increase to the definition of vitamin D as a schedule 1 drug came as a result of the recent Health Canada review. Health Canada was receiving requests from consumers, physicians and industry regarding potentially increasing the non-prescription vitamin D limit set out on the PDL. According to the Food Directorate's review, 2,500 IU (62.5 µg) would provide a safe maximum level of vitamin D in non-prescription supplements for children 9 years and older, adolescents and adults.

Vitamin D products that are readily found on the shelves in health food stores and pharmacies are not scheduled under NAPRA. These products come in the form of tablets, softgels, gummies, drops and liquids. These products typically contain 200 IU, 400 IU, 800 IU, or 1000 IU per pill or unit dose. A daily dose of one to two pills is usually recommended on the label of such products. Because the labelled recommendation is not exceeding 2500 IU per day, it does not constitute a Schedule I drug, requiring a prescription. Even if the product were to contain 2500 IU per unit dosage, it would still be unscheduled. It is only a Schedule I drug, requiring a prescription, when one pill/unit dose equals greater than 2500 IU, or the daily dosage on the label exceeds 2500 IU/day (and therefore not available on the shelf).

The College of Dietitians of Alberta acknowledges and supports that Registered Dietitians (RDs) may make recommendations for daily vitamin D doses greater than 2500 IU.

When recommending that clients take a higher daily dose of vitamin D, for example 4000 IU/day, RDs can suggest products to look for (for example, a pill dosage of 400 IU, 800 IU or 1000 IU). In this example, the daily recommended dose can be made up of 4 x 1000 IU pills. The RD could also choose another form like drops in which case, 4 drops of 1000 IU drop, for example, could be recommended. RDs may write down the recommended daily vitamin D regimen for clients,

suggesting the client purchase a product that meets the criteria, and take it according to their recommendations.

Communication and collaboration with the interprofessional health care team is important practice of RDs when making high-dose vitamin D recommendations (See *Standards of Practice* 4. Collaborative Practice and 5. Communication). The College also suggests RDs consider risk management and monitoring procedures or processes when making a recommendation over the upper tolerable limits for vitamin D (Tolerable Upper Intake Level for children age 8 and older, adults and during pregnancy and lactation is 4000 IU/day), in view that it is a fat-soluble vitamin and may pose some risk in high doses longer term.

RDs also recommend various brands to meet client needs.

What You Need to Know

RDs can make recommendations for their clients to take vitamin D above 2500 IU, without requiring a prescription. The client then purchases a product that meets the requirements and takes the number of pills / drops per dosage, per day as recommended by the RD.

When doing so, the RD's recommendation for vitamin D must be based on client need and evidence. It must be done in a manner that does not recommend vitamin D > 2500 IU per single pill dose. It must be done in a manner that facilitates interprofessional collaboration, risk management /monitoring protocols, and appropriate documentation.

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