

## West and North London (WNL) Position Statement Calogen® Nutritional Supplement

March 2026 update

**Please note:** This position statement applies to the following boroughs in NHS West and North London ICB: Barnet, Camden, Enfield, Haringey and Islington

NHS West and North London ICB does NOT recommend the prescribing of Calogen® as a nutritional supplement for the routine treatment of malnutrition

- Calogen® is a high energy, long chain triglyceride fat emulsion providing 405kcal energy and 0g protein in a recommended dose of 90ml (3x 30ml shots) per day. It is used as an adjunct therapy in the treatment of malnutrition; however, it provides limited therapeutic benefit over food-based alternatives. Furthermore, there is a lack of evidence regarding the long-term efficacy and safety of supplementing fat alone in nutritionally at-risk patients
- The calories provided by Calogen® can be obtained more cost-effectively through food-based alternatives such as double cream, condensed milk or crème fraiche, therefore we do not recommend prescribing of this product in the routine treatment of malnutrition.

### Exclusions:

- Enteral tube fed patients requiring additional calories in a compatible liquid form to meet their calculated requirements
- Specific medical conditions such as renal, metabolic, malabsorption, complex paediatric, and other specialist disorders in which patients require additional calories in low volume without supplementary protein/micronutrients, to meet their calculated requirements
- Lactose free, milk free or vegan diets (Calogen® neutral flavour only) where there is no suitable alternative
- Pregnancy, breastfeeding and any other condition in which Vitamin A toxicity (from a substitute product) may be harmful
- Calogen Extra® and other modular supplements which provide additional nutrients, vitamins or minerals. Requests for these products should be accompanied by a dietitian letter stating a clear, justified rationale for their use, time frame and nutritional goal.

Calogen® is contraindicated in conditions such as pancreatic disease, chyle leaks, fat malabsorption, some liver disorders, galactosaemia and hyperlipidaemia disorders.

### Rationale

- It is estimated that the prevalence of malnutrition affects more than 3 million people in the UK, with 93% of those malnourished or at risk of malnutrition living in the community <sup>(1)</sup>
- The cost of malnutrition is estimated at £19.6 billion in England (£23.5 billion in the UK), which equates to around 15% of total expenditure on health and social care <sup>(2)</sup>
- The effective screening, management and treatment of malnutrition, through the implementation

of NICE guidelines (NICE CG32) has significant potential cost saving, calculated at £172.2 to £229.2 million in England <sup>(3)</sup>

- Oral nutritional interventions are used as first line treatment of malnutrition unless contraindicated. Oral nutritional interventions include food first strategies, including the provision of energy dense drinks and snacks, food fortification and oral nutritional supplements (sip feeds). The aim of nutritional support is to provide all the relevant nutrients that should be present in a nutritionally complete diet <sup>(4)</sup>
- Healthcare professionals have a responsibility to ensure that oral nutritional interventions are nutritionally balanced, appetising, and consider a patient's taste preferences as well as their dietary, cultural and religious beliefs
- Calogen<sup>®</sup> is an Advisory Committee on Borderline Substances (ACBS) approved high energy, long chain triglyceride fat emulsion providing 405kcal energy and 0g protein in a recommended dose of 90ml (3x 30ml shots) per day. Each 30ml shot provides 135kcal/0g protein. It does not contain any other macronutrients/ micronutrients or electrolytes, therefore does not offer any clinical benefit above a fat-based food alternative. Furthermore, there is a lack of evidence regarding the long-term efficacy and safety of supplementing fat alone in nutritionally at-risk patients
- Clinicians should avoid prescribing Calogen<sup>®</sup> and separately supplementing fat-soluble vitamins as it is not clinically appropriate or cost effective
- If exclusion criteria are met and Calogen<sup>®</sup> is indicated, clinicians have a duty of care to review in line with NICE Clinical Guidance 32. <sup>(1,5,6)</sup>

Calogen<sup>®</sup> can be substituted with the following cost-effective supermarket alternatives:

Nutrition Supplement/ Food First based approach	Measure	Energy	Protein	Cost/ day	Cost / 28 days
Calogen <sup>®</sup>	2 tablespoons	135kcal	0g	£2.92	£81.77
Double cream	2 tablespoons	132kcal	0.5g	£0.54	£15.00
Condensed milk	2 tablespoons	97kcal	2.2g	£0.21	£5.95
Crème Fraiche	2 tablespoons	114kcal	0.7g	£0.27	£7.65

Prices correct as of March 2026 (dm+d)

### A. Guidance for clinicians

- Do not initiate any new prescriptions for Calogen<sup>®</sup> for the routine treatment of malnutrition
- Patients who are malnourished or deemed at risk of malnutrition should be assessed using a malnutrition screening tool e.g. MUST <sup>(6)</sup>
- Nutritional interventions including food first strategies such as provision of energy dense drinks and snacks, food fortification should be considered
- Where the use of ONS is clinically indicated, nutritional management should follow the [NCL Oral Nutritional Supplement Formulary in Adults-Primary Care Guidance](#)

- First line prescribing of nutrition support should be a powder-based oral nutritional supplement such as Aymes Shake<sup>®</sup> unless contraindicated
- FP10 prescription requests for Calogen<sup>®</sup> should only be issued to patients under the 'exclusion' categories outlined above and should be accompanied by a clear and justified rationale from a registered dietitian
- Prescription requests for Calogen<sup>®</sup> within the exclusion criteria above, should be confirmed by a specialist dietitian and should specify a clear rationale, prescription duration and follow up plan. Prescriptions should be kept as short as possible and reviewed after 1 month
- Requests outside of the exclusion categories outlined above should be referred to a dietitian
- Patients currently prescribed Calogen<sup>®</sup> should be reviewed by their managing dietitian or local Prescribing Support/ Medicines Optimisation Dietitian, in respect of the above guidance
- Further clarification on this guidance can be provided by your local Prescribing Support/ Medicines Optimisation Dietitian.

## B. Guidance for patients, carers and guardians

- Calogen<sup>®</sup> is an oral nutritional supplement comprised of fat only which provides around 400 calories when taken in 3 x 30ml shots per day. The calories provided by Calogen<sup>®</sup> can easily be obtained by taking an equivalent volume (3 x 30mls) of standard double cream, therefore we do not recommend routine prescribing of this product in the treatment of malnutrition.
- Individuals who are assessed as being malnourished or at risk of malnutrition should first be advised to maximise their energy intake through their diet. Food First diet sheets providing detailed recommendations are available from your GP.
- Individuals who are assessed as being malnourished or at risk of malnutrition and are unable to meet their nutritional needs through diet alone may be offered an oral nutritional supplement, however this will usually provide a balance of nutrients (carbohydrates, fat, protein) as well as vitamins and minerals.
- If you are currently prescribed Calogen<sup>®</sup> you should continue taking this supplement at the volume and dose you have been recommended until you are reviewed by your dietitian or GP.
- If you have been newly recommended Calogen<sup>®</sup>, there may be a short delay to the prescription being issued if the GP requires further information about why you need this supplement, however this should not have any impact on your condition. Please speak to your GP if you are concerned.
- If you are advised to stop taking **Calogen<sup>®</sup>** your clinician may recommend a food-based substitute or an alternative oral nutritional supplement.

## References

1. Elia M, Russell CA (2009) Combating Malnutrition: Recommendations for action. Report from the advisory group on malnutrition led by the British Association for Parenteral and Enteral Nutrition (BAPEN)
2. Stratton R, Smith T and Gabe S (2018) Managing malnutrition to improve lives and save money. Accessed online [www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf](http://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf)
3. The cost of malnutrition in England and potential cost savings from nutrition interventions: BAPEN 2015. Accessed online at <https://www.bapen.org.uk/pdfs/economic-report-full.pdf>
4. National Institute for Health and Care Excellence (NICE). Quality Standard for Nutrition Support in Adults. QS24, 2012. Accessed online at [www.nice.org.uk/guidance/qs24](http://www.nice.org.uk/guidance/qs24)
5. National Institute for Health and Care Excellence (NICE). Nutrition support for adults CG32. Accessed online at [www.nice.org.uk/Guidance/CG32](http://www.nice.org.uk/Guidance/CG32)
6. Malnutrition Universal Screening Tool: BAPEN (2003) <https://www.bapen.org.uk/pdfs/must/must-full.pdf>

Groups / Individuals who have overseen the development of this guidance:	NCL Nutrition Group
Groups which were consulted and have given approval:	Initial approval from NCL Joint Formulary Committee Noted by NCL Medicines Clinical Reference Group
Version number:	V2.0
Version control	March 2026 – updates made to version 1 - product NHS list prices
Available on:	<a href="#">Medicines Optimisation   North Central London Integrated Care System</a>
Disseminated to:	All stakeholders and prescribers in WNL boroughs: Barnet, Camden, Enfield, Haringey and Islington
Equality impact assessment:	Low
NCL Joint Formulary Committee Approval date:	August 2020
Expiry date:	March 2026
Future review date:	March 2029

Reproduced with permission from Southwest London ICB's position statement on the prescribing of Calogen.