



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 4, 2010 April 19, 2012

## **Cyanocobalamin (vitamin b-12) injections**

### **LENGTH OF AUTHORIZATION: UP TO ONE YEAR**

#### **NOTES:**

Cyanocobalamin is reimbursed by Medicaid at the point of sale (without prior authorization) for dialysis patients only. However, if the patient has a diagnosis of pernicious anemia a prior authorization request may be submitted for review.

#### **REVIEW CRITERIA: (All of the following must be met)**

1. Confirmed diagnosis of Pernicious Anemia
2. Dosing should follow these standard practice guidelines:
  - *Adults:* 100 mcg IM/SC once daily for one week. Following clinical improvement, give 100 mcg IM/SC on alternate days for 7 doses, then every 3—4 days for another 2—3 weeks, then 100 mcg IM monthly for life.
  - *Children:* 30—50 mcg IM/SC once daily for 2 or more weeks until a total cumulative dose of 1000—5000 mcg IM/SC has been given, then maintenance of 100 mcg IM/SC once every 4 weeks.