

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 4, 2010 April 19, 2012, April 22, 2022

### **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)

- Confirmed diagnosis of Pernicious Anemia
- Dosing is appropriate as per labeling or is supported by compendia.
- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>.