

**NASCOBAL
(cyanocobalamin)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Pernicious anemia
 - a. In remission following intramuscular (IM) vitamin B₁₂ therapy
 - b. Will be used as maintenance therapy
 - c. **NO** nervous system involvement
2. Treatment of dietary, drug-induced, or malabsorption-related vitamin B₁₂ deficiency
 - a. **NOT** due to pernicious anemia
3. Prevention of vitamin B₁₂ deficiency
 - a. Patient has higher vitamin B₁₂ requirements than normal

AND ALL of the following:

1. Baseline levels of hematocrit, reticulocyte count, vitamin B₁₂, folate and iron levels have been obtained
2. Prescriber agrees to monitor platelet count, potassium, and serum B₁₂ levels periodically
3. Will not be used for the vitamin B₁₂ absorption test (Schilling test)
4. **NO** active symptoms of nasal congestion, allergic rhinitis, or upper respiratory infection
5. **NO** diagnosis of Leber's disease (hereditary optic nerve atrophy)

Prior - Approval Limits

Quantity 12 single-use sprays per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements



**BlueCross
BlueShield**

Federal Employee Program.

**NASCOBAL
(cyanocobalamin)**

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Pernicious anemia
 - a. Patient continues to be in remission following intramuscular (IM) vitamin B₁₂ therapy
 - b. **NO** nervous system involvement
2. Treatment of dietary, drug-induced, or malabsorption-related vitamin B₁₂ deficiency
 - a. **NOT** due to pernicious anemia
3. Prevention of vitamin B₁₂ deficiency
 - a. Patient has higher vitamin B₁₂ requirements than normal

AND ALL of the following:

1. Prescriber agrees to monitor platelet count, potassium, and serum B₁₂ levels periodically
2. Will not to be used for the vitamin B₁₂ absorption test (Schilling test)
3. **NO** active symptoms of nasal congestion, allergic rhinitis, or upper respiratory infection
4. **NO** diagnosis of Leber's disease (hereditary optic nerve atrophy)

Prior - Approval *Renewal* Limits

Same as above