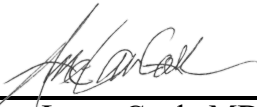


Pyridoxine Hydrochloride Injection

UR Guidelines 034

Policy and Procedure

Department	Medical Management
Purpose	To establish medical necessity guidelines for use of pyridoxine hydrochloride injection
Applicability	VIVA MEDICARE & VIVA COMMERCIAL
Approved	
Approved	Anne-Laura Cook, MD, FACP
Approver Title	Vice President, Clinical Services
Original Effective Date	9/16/25
Revision Date	
Revision Number	
Review Date	9/15/26
Regulatory Requirement	

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Policy:

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Pyridoxine Hydrochloride Injection:

Coverage for this injectable medication must be for an FDA-approved indication. The standard of medical practice regarding the utilization of this treatment must meet all other applicable Medicare statutory and regulatory requirements.

The patient's medical record must clearly document the specific clinical circumstances supporting the medical necessity for services.

INDICATIONS AND USAGE

- For the acute and chronic treatment of patients with an inborn error of metabolism which results in secondary pyridoxine deficiency (e.g., vitamin B6 dependent convulsions or vitamin B6 responsive anemia).
- For pyridoxine deficiency as seen in the following: Inadequate dietary intake, Drug-induced deficiency, as from isoniazid (INH) or oral contraceptives.

The parenteral route is indicated when oral administration is not feasible as in anorexia, nausea and vomiting, and preoperative and postoperative conditions. It is also indicated when gastrointestinal absorption is impaired.

References

The above policy is based on the following references:

U.S. Food and Drug Administration, Center for Drug Evaluation and Research. Pyridoxine hydrochloride labeling-package insert, September 2019. Retrieved August 26, 2025, from <https://dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid=a56d11c0-b033-4201-85ff-fc710506481a&type=pdf>