

Hydroxycobalamin -risk of Interference with platetelet count, aluminuim toxicity, lab tests

[EDA performs Label Update to include the following:](#)

Warnings and Precautions

Diagnosis of vitamin B12-deficiency should be confirmed by laboratory investigation before institution of hydroxocobalamin (vitamin B12) therapy. Do not use hydroxocobalamin until diagnosis is fully established, as it may mask symptoms of subacute degeneration of the spinal cord, or of the true diagnosis of pernicious anaemia. Folic acid may potentiate the neurological complications of vitamin B12 deficiency, so should not be administered to patients with pernicious anaemia

The platelet count should be monitored during the first weeks of treatment of megaloblastic anaemia because of the possibility of reactive thrombocytosis. Long-term parenteral administration can increase the risk of aluminium toxicity in patients with renal impairment and in preterm infants.

[Background](#)

THERAPEUTIC INDICATIONS

Prophylaxis and treatment of pernicious (Addisonian) anaemia and other macrocytic anaemias associated with vitamin B12 deficiency. Treatment of optic neuropathies such as tobacco amblyopia and Leber's optic atrophy.

References: TGA [\(Click here\)](#)