

Field Name	Field Description
Prior Authorization Group Description	<b>Chelating Agents</b>
Drugs	<ul style="list-style-type: none"> <li>• <b>Deferoxamine Mesylate (Desferal)</b> Vial</li> <li>• <b>Bal in Oil (Dimercaprol)</b> Ampule</li> <li>• <b>Pentetate calcium trisodium</b> ampule</li> <li>• <b>Pentetate zinc trisodium</b> ampule</li> <li>• <b>Calcium Disodium Versenate (edetate calcium disodium)</b> ampule</li> </ul>
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See “other criteria”
Age Restrictions	See “other criteria”
Prescriber Restrictions	N/A
Coverage Duration	If the above conditions are met, the request will be approved with a 6 month duration; if the criteria are not met, the request will be referred to a clinical reviewer for medical necessity review.
Other Criteria	<ul style="list-style-type: none"> <li>• The drug is requested for an appropriate use (per the references outlined in “Covered Uses”)</li> <li>• The dose requested is appropriate for the requested use (per the references outlined in “Covered Uses”)</li> </ul>
Revision/Review Date 7/2022	<b>Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.</b>