



Chelation Therapy

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| Origination: 8/11/08 | Revised: 10/02/17 | Annual Review: 11/07/19 |
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Purpose:

To provide Chelation therapy guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

Additional Information

- Chelation therapy involves the use of a chelating agent (medications that are heavy metal antagonists) to bind with certain metals so that they are rendered physiologically inactive and excreted in the urine. Chelation therapy has been proven to be an effective treatment and is covered for specific medical diagnoses.
- Chelation therapy typically utilizes the following medications (this list is not to be considered all inclusive):

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| Deferasirox | Deferoxamine Mesylate | Dexrazoxane |
| Dimercaprol | Edetate Calcium Disodium | Edetate Disodium (EDTA) |
| Penicillamine | Pentetate Calcium Trisodium (Ca-DTPA) | Pentetate Zinc Trisodium (Zn-DTPA) |
| Succimer (DMSA) | Trientine Hydrochloride | |

Coverage Guidelines

Chelation therapy is covered for the following diagnoses:

1. Cystinuria;
2. Heavy metal poisoning (arsenic, copper, gold, iron, lead, mercury) confirmed by appropriate laboratory results and/or clinical findings consistent with metal toxicity;
3. Wilson's disease (copper overload/toxicity);
4. Iron overload secondary to multiple blood transfusions or secondary Hemochromatosis;
5. Aluminum overload secondary to hemodialysis.



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Exclusion Criteria

Chelation therapy is not covered for the following diagnoses (this list is not to be considered all inclusive):

1. Atherosclerotic vascular disease;
2. Coronary artery disease;
3. Reperfusion injury during coronary angioplasty or cardiopulmonary bypass surgery;
4. Progressive renal insufficiency in Type II diabetic nephropathy;
5. Alzheimer's disease;
6. Rheumatoid arthritis;
7. Parkinson's disease;
8. Primary biliary cirrhosis;
9. Renal calculi;
10. Ankylosing spondylitis;
11. Autism / autism spectrum disorder;
12. Glioblastoma;
13. Scleroderma;
14. Porphyria;
15. Hypercholesterolemia.

References:

1. American Academy of Family Physicians. Chelation therapy.
2. American Academy of Pediatrics. Policy Statement: Lead exposure in children: prevention, detection and management. Pediatrics. 2005 April 116 (4): 1036-46.
3. American Heart Association. Chelation therapy.
4. American Heart Association Foundation. Complimentary medicine expert consensus document.
5. Centers for Disease Control. Hemochromatosis for health care professionals. Treatment and management. Monitoring treatment.
6. HAYES Medical Technology Update. Chelation Therapy, Overload Conditions. Feb 2006.
7. National Kidney Foundation. K/DOQI clinical practice guidelines for bone metabolism and disease in chronic kidney disease. Am J Kidney Dis. 2002.
8. National Institutes of Health. National Heart, Lung and Blood Institute. The management of sickle cell disease. Revised 2002.



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9. National Institutes of Health. National Institute of Diabetes and Digestive and Kidney.

Disclaimer Information:

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Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.