

Chelation Therapy

Origination: 08/11/08	Revised:	Annual Review: 12/15/11
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Purpose:

The Medical Technology Assessment Committee will review published scientific literature and information from appropriate government regulatory bodies (when available) related to Chelation Therapy in order to determine inclusion in the benefit plan.

Recommendation:

A recommendation was made by the MTAC following discussion by committee members based on current literature:

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):

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	

Eligibility Criteria

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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Recommendation, continued:

Exclusions

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

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