Market Applicability/Effective Date

| Market         | FL & FHK | FL MMA | FL LTC | GA | KS | KY | LA | MD | NJ | NV | NY | TN | TX | WA |
|----------------|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|----|----|
| Applicable     | X        | NA     | NA     | X  | NA | X  | X  | X  | X  | X  | X  | NA | NA | X  |    |

*FHK- Florida Healthy Kids

Chelation Therapy

DRUG.00003

Override | Approval Duration
---|---
Prior Authorization | 1 year

<table>
<thead>
<tr>
<th>Medications</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bal in Oil (dimercaprol)</td>
<td>N/A</td>
</tr>
<tr>
<td>Calcium Disodium Versenate (edetate calcium disodium)</td>
<td>N/A</td>
</tr>
<tr>
<td>Chemet (succimer, DMSA)</td>
<td>N/A</td>
</tr>
<tr>
<td>Desferal (deferoxamine mesylate)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**APPROVAL CRITERIA**

Requests for the administration of U.S. Food and Drug Administration (FDA)-approved chelating agents **may be approved** for treatment in **any** of the following conditions:

I. Individuals with disorders of iron metabolism (for example, primary or secondary hemochromatosis); OR
II. Lead overload in cases of acute or long-term lead exposure; OR
III. Individuals with disorders of copper metabolism (for example Wilson’s disease); OR
IV. Arsenic, mercury, iron, copper or gold poisoning when long-term exposure and toxicity has been confirmed through lab results (that is, blood, plasma, or non-challenged urinalysis) or clinical findings (that is, symptoms consistent with metal toxicity); OR
V. Aluminum overload in individuals on chronic hemodialysis.

Chelation therapy **may not be approved** for the treatment of all other conditions, including but not limited to:

I. Alzheimer’s disease; OR
II. Autism; OR
III. Cadmium exposure; OR
IV. Cardiovascular disease (prevention and treatment); OR
V. Chronic fatigue syndrome secondary to dental amalgam therapy; OR
VI. Parkinson’s disease; OR
VII. Peripheral vascular disease; OR
VIII. Pervasive development disorders (PDD); OR

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### Market Applicability/Effective Date

<table>
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<tbody>
<tr>
<td>Applicable</td>
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<td>NA</td>
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</tr>
</tbody>
</table>

*FHK- Florida Healthy Kids

IX. Rheumatoid arthritis.

### State Specific Mandates

| N/A | N/A | N/A |

**Key References:**


- National Coverage Determination: Chelation Therapy for Treatment of Atherosclerosis. NCD #20.21. Effective date not posted
- National Coverage Determination: Ethylenediamine-Tetra-Acetic (EDTA) Chelation Therapy for Treatment of Atherosclerosis. NCD #20.22. Effective date not posted
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### Market Applicability/Effective Date

| Market | FL & FHK | FL MMA | FL LTC | GA | KS | KY | LA | MD | NJ | NV | NY | TN | TX | WA |
|--------|---------|--------|--------|----|----|----|----|----|----|----|----|----|----|----|----|
| Applicable | X | NA | NA | X | NA | X | X | X | X | X | X | NA | NA | X |

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National Institutes of Health:


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