

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Azedra (iobenguane I 131)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Azedra (iobenguane I 131) Intravenous Solution

### APPROVAL CRITERIA

Requests for Azedra (iobenguane I 131) may be approved if the following criteria are met:

- I. Individual has a diagnosis of unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma; **AND**
- II. Individual is 12 years or older; **AND**
- III. Individual has target lesions confirmed by an iobenguane scan (such as iodine-123 meta-iodobenzylguanidine [MIBG]); **AND**
- IV. Individual has an ECOG performance status of 0 to 2; **AND**
- V. Individual has not received prior treatment with radiolabeled somatostatin analog.

Requests for Azedra (iobenguane I 131) may not be approved for the following:

- I. All other indications not included above.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

1. Azedra® (iobenguane I 131) [product information]. New York: Progenics Pharmaceuticals, Inc. July 2018.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
4. Lutathera® (lutetium Lu 177 dotatate) [product information]. Giacosa (TO), Italy. January 2018.

CRX-ALL-0490-20

PAGE 1 of 2 01/17/2020  
New Program Date 01/17/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 12, 2019.
  - a. B-Cell Lymphomas. V2.2019. Revised March 6, 2019.
6. Neuroendocrine and Adrenal Tumors. V1.2019. Revised March 5, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.