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 legions 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.
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.