Medical Policy:

Azedra® (Iobenguane I-131) intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.127	April 2, 2024	

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Azedra is a radioactive therapeutic agent that releases radiation resulting from radioactive decay of I-131 causing cell death and tumor necrosis. Iobenguane has a similar structure to the neurotransmitter norepinephrine. It is taken up by the norepinephrine transporter in adrenergic nerve terminals and accumulates in adrenergically innervated tissues (i.e., heart, lungs, adrenal medulla, salivary glands, liver, and spleen) as well as tumors of neural crest origin, such as pheochromocytomas and paragangliomas. These neuroendocrine tumors express high levels of the norepinephrine transporter on their cell surfaces.

Azedra (iobenguane I-131) is FDA approved for the treatment of adult and pediatric patients 12 years and older with iobenguane scan positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma who require systemic anticancer therapy.

Length of Authorization

Coverage will be provided for 6 months for 3 doses only (one imaging dosimetric dose followed by two therapeutic doses at least 90 days apart) and may NOT be renewed.

Guideline

I. Initial Approval Criteria

Azedra *may be considered medically necessary if one of the below conditions are met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. **Pheochromocytoma/Paraganglioma†**
   A. The member has unresectable, locally advanced, or metastatic pheochromocytoma or paraganglioma; **AND**
   B. Patient's disease requires systemic chemotherapy

   † FDA-labeled indication(s);

Limitations/Exclusions

Azedra is not considered medically necessary when any of the following selection criteria are met:

1. Azedra (iobenguane I-131) is being used after disease progression with the same regimen or had previous systemic radiotherapy treatments.
2. Not to be used if platelet count is less than 80,000/mcL or absolute neutrophil count is less than 1,200/mcL.
3. Single dose limit of Azedra (iobenguane I-131) is based on weight:
   i. Weight greater than 62.5 kg: 18,500 Megabecquerel (MBq) (500 Millicuries (mCi)).
   ii. Weight 62.5 kg or less: 296 MBq/kg (8 mCi/kg).
4. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. Renewal Criteria

Coverage cannot be renewed

Dosage/Administration

Indication	Dose
Therapy consists of a dosimetric dose followed by 2 therapeutic doses given at least 90 days apart.	

Pheochromocytoma/Paraganglioma (Dosimetric Dose)	• Weight > 50 kg
	  ○ 185 to 222MBq (5 to 6mCi)
	• Weight ≤ 50 kg
	  ○ 3.7 MBq/kg (0.1 mCi/kg)

Pheochromocytoma/Paraganglioma (Therapeutic Dose)	• Weight > 62.5 kg
	  ○ 18,500 MBq (500mCi)
	• Weight ≤ 62.5 kg
	  ○ 296 MBq/kg (8 mCi/kg)

Applicable Procedure Codes

Code	Description
A9590	Iodine I-131 iobenguane, diagnostic, 1 millicurie

Applicable NDCs

Code	Description
71258-0015-02	Azedra (Iobenguane I-131) 15 mci/1mL injection solution, 2 ml vial
71258-0015-22	Azedra (Iobenguane I-131) 15 mci/1mL injection solution, 22.5 ml vial

ICD-10 Diagnoses

Code	Description
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C75.5	Malignant neoplasm of aortic body and other paraganglia
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C7B.8	Other secondary neuroendocrine tumors
Z85.858	Personal history of malignant neoplasm of other endocrine glands

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	4/2/2024	Annual Review: *Azedra is being discontinued after 1Q2024.* Initial Criteria: Pheochromocytoma/Paraganglioma: removed: "Azedra (iobenguane I-131) is being used as a primary treatment if prior positive MIBG scan; AND The member is not a candidate for chemotherapy or surgery." Replaced with: "Patient's disease requires systemic chemotherapy" Renewal Criteria: removed: "Same as initial prior authorization policy criteria." Replaced with " Coverage cannot be renewed"
EmblemHealth & ConnectiCare	7/28/2023	Annual Review: Length of Authorization: Removed **"**and may be renewed**."** Added **"**for 3 doses only (one imaging dosimetric dose followed by two therapeutic doses at least 90 days apart) and may NOT be renewed.**"** Removed ICD-10 codes C7a.1, C7a.8, D35.00, D35.01, D35.02, D44.7, Z51.0. Added codes: C74.90, C74.91, C74.92, C7B.8, Z85.858
EmblemHealth & ConnectiCare	3/30/2022	Updated Procedure Code to Q2055 and put on new template
EmblemHealth & ConnectiCare	1/01/2020	Added A9590, Iodine I-131 iobenguane, diagnostic, 1 millicurie effective 01/01/2020 and removed coded C9407, C9408 effective 01/01/2020.
EmblemHealth & ConnectiCare	9/30/2019	Annual review, no changes

References

1. Azedra PI prescribing information. Progenics Pharmaceuticals, Inc 2018.
2. Clinical Pharmacology Elsevier Gold Standard. 2018.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2018.
4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2018.

5. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2018.