

Iobenguane I-131 (Azedra®)

Place of Service  
Office Administration  
Outpatient Facility Infusion  
Administration  
Infusion Center Administration  
  
HCPCS: A9590 per 1 millicurie

**Condition listed in policy (*see criteria for details*)**

- [Pheochromocytoma or paraganglioma - advanced](#)

**AHFS therapeutic class:** Antineoplastic agent

**Mechanism of action:** Radioactive therapeutic agent

**(1) Special Instructions and pertinent Information**

**Covered under the medical benefit,** please submit clinical information for prior authorization review via fax.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**

All requests for Iobenguane I-131 (Azedra®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**Pheochromocytoma or paraganglioma - advanced**

1. Unresectable, locally advanced or metastatic disease

**Covered Dose**

Dosimetric dose

- Patients greater than 50 kg: 185 to 222 MBq (5 to 6 mCi)
- Patients 50 kg or less: 3.7 MBq/kg (0.1 mCi/kg)

Therapeutic dose for each of the 2 doses

- Patients greater than 62.5 kg: up to 18,500 MBq (500 mCi)
- Patients 62.5 kg or less: up to 296 MBq/kg (8 mCi/kg)

Therapeutic doses should be administered IV a minimum of 90 days apart

**Coverage Period**

One dosimetric dose and two therapeutic doses

**ICD-10:**

C74.10-C74.12, C74.90-C74.92, C75.5, C7B.8

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

All requests for Iobenguane I-131 (Azedra®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**(4) This Medication is NOT medically necessary for the following condition(s)**

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

## (5) Additional Information

### How supplied:

- 30 mCi/2 mL single-dose vial (dosimetric dose)
- 337.5 mCi/22.5mL single-dose vial (therapeutic dose)

## (6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Azedra® (iobenguane I 131) [Prescribing information]. New York, NY: Progenics Pharmaceuticals, Inc.; 3/2021.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network. Neuroendocrine and Adrenal Tumors (Version 2.2022). Available at: [www.nccn.org](http://www.nccn.org).

## (7) Policy Update

Date of last review: 3Q2023

Date of next review: 3Q2024

Changes from previous policy version:

No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*