Azedra® (Iobenguane I-131)

Policy Number:	**M20200508034**
Effective Date:	**7/1/2020**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth Independent Health's criteria for **Azedra® (Iobenguane I-131)** for iobenguane sensitive malignant, recurrent, and/or unresectable **pheochromocytoma** and **paraganglioma**.

Policy:

Commercial, Self-Funded and Medicare Advantage:
Azedra® (iobenguane I 131) will be considered medically necessary when ALL of the following criteria are met:

Pheochromocytoma/Paraganglioma:

- Prescription is written by a radiologist/oncologist AND

- Medical record documentation that patient is 12 years of age or older AND
- Patient has a negative pregnancy test (in females of reproductive potential) prior to initiating treatment;
- Medical record documentation of a diagnosis of unresectable, locally advanced or
- metastaticpheochromocytoma or paraganglioma AND
- Medical record documentation of a positive iobenguane scan (ex. MIBG [metaiodobenzylguanidine] scan, iobenguane I 131).

Dosage:

1. Imaging dosimetric dose: 185 to 222 MBq (up to 6 billable units each)
2. Therapeutic doses (2 doses at least 90 days apart): 18,500 MBq (500 billable units each)

Coverage is provided at the FDA recommended dosage for one dosimetric and up to two therapeutic doses to be administered within 6 months of approval date and may not be renewed.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:
MediSource, MediSource Connect, Child Health Plus and Essential Plan cover Azedra® utilizing the Commercial criteria.

Background:
Pheochromocytomas and paragangliomas are rare neuroendocrine tumors with an incidence of between 2 and 8 cases per million per year. Although pheochromocytomas may occur at any age, they are most common in the fourth to fifth decade and are equally common in men and women. In approximately 60 percent of patients, the tumor is discovered incidentally during computed tomography (CT) or magnetic resonance imaging (MRI) of the abdomen for unrelated symptoms. Most pheochromocytomas and paragangliomas hypersecrete catecholamines, which can cause hypertension, arrhythmias, and headaches, causing morbidity and mortality. The standard first-line intervention for localized pheochromocytomas and paragangliomas is surgery, which can be curative; however, 10%–35% of pheochromocytomas and paragangliomas are locally invasive or metastatic and not amenable to curative surgery. Estimates of 5-y survival rates vary (12%–60%) with the location of metastatic lesions; poorer prognoses have been reported for patients who have liver or lung metastases or present with predominant bone metastases.

The Food and Drug Administration (FDA) announced approval of Azedra® for adults and pediatric patients 12 years and older with iobenguane scan positivity who have inoperable locally advanced or metastatic pheochromocytoma or paraganglioma requiring systemic treatment. For patients with metastatic disease whose tumors secrete catecholamines and a positive iobenguane scan, the therapeutic value of Iobenguane I-131 to achieve symptom palliation and tumor regression or stabilization has been shown in many small case series.

According to the National Comprehensive Cancer Network (NCCN) for tumors which are positive on MIBG scan, treatment with high-specific-activity (HSA) iobenguane I-131 or other iodine-131-MIBG therapy is recommended.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes ☐ No ☒

Pre-authorization is not required at the present time. Criteria above will be utilized upon retro-review.

Definitions

Azedra® is an I 131 labeled iobenguane. Iobenguane is similar in structure to the neurotransmitter norepinephrine (NE) and is subject to the same uptake and accumulation pathways as NE. Iobenguane is taken up by the NE transporter in adrenergic nerve terminals and accumulates in adrenergically innervated tissues, such as the heart, lungs, adrenal medulla, salivary glands, liver, and spleen as well as tumors of neural crest origin. Following intravenous administration, Azedra is taken up and accumulates within pheochromocytoma and paraganglioma cells, and radiation resulting from radioactive decay of I 131 causes cell death and tumor necrosis.

Paraganglioma is a rare tumor that begins in certain nerve cells that are dispersed throughout the body. This tumor can affect people of any age but most often shows up between the ages of 30 and 50. The tumor is often slow growing and benign. But it can invade nearby parts of the body, become malignant and metastasize.

Pheochromocytoma is a rare tumor that usually starts in the cells of an adrenal glands. Usually benign, pheochromocytomas often cause an increase in the adrenal hormone production. This can lead to high blood pressure and cause symptoms such as headaches, sweating, pounding of the heart, and shakiness.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Hayes, Inc. Evidence Analysis Research Brief Radioiodinated Metaiodobenzylguanidine (131I-MIBG) Targeted Radiation Therapy for Treatment of Pheochromocytoma. Lansdale, PA. April 2020.

The Mayo Clinic [web site]. Neuroendocrine tumors Paraganglioma. January 11, 2022. Available at: https://www.mayoclinic.org/diseases-conditions/paraganglioma/cdc-20352970 Accessed February 21, 2023.

National Comprehensive Cancer Network (NCCN) [website]. NCCN Guidelines Version 2.2022 Neuroendocrine and Adrenal Tumors. Available at: https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf Accessed January 30, 2024.

Pryma DA, Chin BB, Noto RB, et al. Efficacy and Safety of High-Specific-Activity (131)I-MIBG Therapy in Patients with Advanced Pheochromocytoma or Paraganglioma. J Nucl Med. 2019 May;60(5):623-630.

United States National Library of Medicine Daily Med [web site]. AZEDRA- iobenguane i-131 injection, solution. Updated June 12, 2023. Available at: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3423ac0f-9585-4abf-a8ba-a5123a8277ee Accessed January 30, 2024.

United States National Library of Medicine Medline Plus [web site]. Pheochromocytoma. Last update August 15, 2022 . Available at: https://medlineplus.gov/ency/article/000340.htm Accessed January 30, 2024.

Young WF. Clinical presentation and diagnosis of pheochromocytoma. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on January 30, 2024.)

Young WF. Paraganglioma and pheochromocytoma: Management of malignant disease. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on January 30, 2024.)

Regulatory References

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). Email response 10/16/2018.

New York State Department of Health [web site]. New York State Medicaid Program Radiology Procedure Codes. Version 2023. Available at: https://www.emedny.org/providermanuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect4.pdf

United States Food and Drug Administration (FDA)[web site]. New Drug Approval Letter. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2018/209607Orig1s000ltr.pdf Accessed January 30, 2024.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
4/1/2024	Health Care Services	Revised
1/1/2024	Health Care Services	Revised
4/1/2023	Health Care Services	Reviewed
5/1/2022	Health Care Services	Reviewed
6/1/2021	Health Care Services	Reviewed