

Azedra (Iobenguane)

Drug names	<div>1. Azedra</div> <div>2. Iobenguane</div>				
Description	<p>Azedra (Iobenguane) is used to treat a certain type of adrenal gland tumor (pheochromocytoma).It is also used to treat a rare type of nerve cell tumor (paraganglioma) that can spread throughout the body.</p> <p>It is administered by intravenous (IV) infusion.</p>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)MHPS				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.27.23</td><td>Refreshed due to age.</td></tr></table>	Date	Description	3.27.23	Refreshed due to age.
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Commercial

Introduction	This section applies to all Commercial members.				
Benefits	<p>A Pharmacy Clinical Guideline, <i>Azedra (iobenguane)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Quote office visit, outpatient hospital, or Home IV Therapy benefits.Medicare is the primary payer.Follows Medicare guidelines.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<p>A Pharmacy Clinical Guideline, <i>Azedra (iobenguane)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.Medica is the only payer.
Advantage	<p>A Pharmacy Clinical Guideline, <i>Azedra (iobenguane)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Medica is the only payer.
Advantage PartnerCare (I-SNP)	<p>A Pharmacy Clinical Guideline, <i>Azedra (iobenguane)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Medica is the only payer.
Medicaid (SPP)	<p>A Pharmacy Clinical Guideline, <i>Azedra (iobenguane)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient hospital POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
Prime	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select,	Quote office visit, outpatient hospital, or Home IV Therapy benefits.
Signature	<ul style="list-style-type: none">Medicare supplement. Medicare is the primary payer.Follows Medicare guidelines.

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Government Programs, Continued

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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.				
Benefits	<p>A Pharmacy Clinical Guideline, <i>Azedra (iobenguane)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
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Medica Health Plan Solutions (MHPS)

Introduction	This section applies to all Medica Health Plan Solutions (MHPS) members.				
Mayo Medical Plan	Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
All others	<p>A Pharmacy Clinical Guideline, <i>Azedra (iobenguane)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
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