Therapeutic Radiopharmaceuticals in Oncology for the Treatment of Gastroenteropancreatic, Bronchopulmonary, and Thymus Neuroendocrine Tumors (Lutetium 177 dotatate) Prior Authorization Request Form, #958
Medical Policy #028 Therapeutic Radiopharmaceuticals in Oncology

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Therapeutic Radiopharmaceuticals in Oncology for the Treatment of Gastroenteropancreatic, Bronchopulmonary, and Thymus Neuroendocrine Tumors (Lutetium 177 dotatate). For members who do not meet the criteria, submit a letter of medical necessity with a request for Clinical Exception (Individual Consideration). Once completed, fax to:

Medical and Surgical: 1-888-282-0780	Medicare Advantage: 1-800-447-2994

CLINICAL DOCUMENTATION
Copies of clinical documentation that supports the medical necessity criteria for Therapeutic Radiopharmaceuticals in Oncology for the Treatment of Gastroenteropancreatic, Bronchopulmonary, and Thymus Neuroendocrine Tumors (Lutetium 177 dotatate) must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient ☐ Inpatient ☐

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

INITIAL TREATMENT

Please check off if the treatment being requested is the following:	
Lutetium 177 (Lu 177) dotatate.	☐

Please check off if the patient meets ALL of the following criteria:	
Patient is an adult (≥18 years of age).	☐
Patient has documented low or intermediate grade (Ki-67 index ≤20%), locally advanced or metastatic, gastroenteropancreatic (including foregut, midgut, and hindgut) or bronchopulmonary or thymus neuroendocrine tumor.	☐

Patient has documented somatostatin receptor expression of a neuroendocrine tumor as detected by somatostatin receptor-based imaging (68Ga-dotate positron emission tomography or computed tomography, which is preferred) or somatostatin receptor scintigraphy.	❒
Patient has documented disease progression while on octreotide long-acting release therapy.	❒
Patient is not receiving long-acting somatostatin analogues for at least 4 weeks prior to initiating Lu 177 dotatate.	❒
Patients does not have severe renal impairment (creatinine clearance, <30 mL/min).	❒
Patient has adequate bone marrow and hepatic function as determined by the treating physician.	❒
Patient has documented Karnofsky Performance Status score of 60 or greater.	

CONTINUATION OF TREATMENT

Please check off if the treatment being requested is the following:	
Continuation of Lu 177 dotatate.	❒

Please check off if the patient meets <u>ALL</u> of the following criteria:	
No recurrent grade 2, 3, or 4 thrombocytopenia.	❒
No recurrent grade 3 or 4 anemia and neutropenia.	❒
No recurrent hepatotoxicity.	❒
No recurrent grade 3 or 4 nonhematologic toxicity.	❒
Renal toxicity requiring a treatment delay of 16 weeks or longer.	❒

Note: Lu 177 dotatate treatment is considered **INADVERTENT... INVESTIGATIONAL** in all other situations in which the above criteria are not met.

CPT CODES/ HCPCS CODES

Please check off all the relevant CPT codes:	
	❒
	❒
	❒

Providers should enter the <u>relevant diagnosis code(s)</u> below:

Code	Description	
		❒
		❒

Providers should enter <u>other relevant code(s)</u> below:

Code	Description	
		❒
		❒