

**Lutathera
(Lutetium Lu 177 dotatate)**

Document Number: 053

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No notification or authorization		

Criteria

1. Patient Population

AllWays Health Partners may authorize coverage of Lutathera (lutetium Lu 177 dotatate) for adult members, when the following criteria are met:

 - Members have a documented diagnosis of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs) including foregut, midgut, and hindgut neuroendocrine tumors.
2. Prescribing
 - Prescribed by an oncologist.
3. Approval Duration:
 - Initial approval x 1 year
4. Reauthorizations
 - Requests for reauthorization must meet initial criteria

Approved by NHP Medical Policy Committee
August 23, 2018

Reference

Lutathera [package insert]. Millburn, NJ: Advanced Accelerator Applications USA, Inc.; January 2018.