Lutathera
(Lutetium Lu 177 dotatate)

Document Number: 053

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<th>Authorization required</th>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
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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 a gastroenteropancreatic neuroendocrine tumors (GEP-NETs) including foregut, midgut, and hindgut neuroendocrine tumors.
   - The tumor has been shown to be somatostatin receptor-positive.

2. Prescribing
   - Prescribed by an oncologist.

3. Approval Duration:
   - 4 doses at 8 week intervals

Approved by AllWays Health Partners Medical Policy Committee
February 2021: Annual Review. References updated.
February 2019: Annual Review. Added criteria requiring the tumor has been shown to be somatostatin receptor-positive. Revised approval of duration. Removed reauthorization criteria.
August 23, 2018. Effective Date

CPT/HCPC Codes

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<th>Authorized Codes</th>
<th>Code Description</th>
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<td>A9513</td>
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Reference
