



MASSACHUSETTS

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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
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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 <input type="checkbox"/> Inpatient <input type="checkbox"/>

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.	<input type="checkbox"/>

Please check off if the patient meets <u>ALL</u> of the following criteria:	
Patient is an adult (≥18 years of age).	<input type="checkbox"/>
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.	<input type="checkbox"/>

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.	<input type="checkbox"/>
Patient has documented disease progression while on octreotide long-acting release therapy.	<input type="checkbox"/>
Patient is not receiving long-acting somatostatin analogues for at least 4 weeks prior to initiating Lu 177 dotatate.	<input type="checkbox"/>
Patients does not have severe renal impairment (creatinine clearance, <30 mL/min).	<input type="checkbox"/>
Patient has adequate bone marrow and hepatic function as determined by the treating physician.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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

Note: Lu 177 dotatate treatment is considered **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:	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Providers should enter the **relevant diagnosis code(s)** below:

Code	Description	
		<input type="checkbox"/>
		<input type="checkbox"/>

Providers should enter **other relevant code(s)** below:

Code	Description	
		<input type="checkbox"/>
		<input type="checkbox"/>