MODA applies pre-payment claims edits to diagnosis criteria and criteria for maximum units. Prior Authorization criteria *do not apply* for this policy.

OHSUHealthServices

Lutathera® (lutetium Lu 177 dotatate) (Intravenous)

Document Number: IC-0352

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 1 year (4 doses only).
- Renewal: Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- 200 billable units (7.4 GBq = 200 mCi) every 8 weeks for a total of 4 doses

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Patient is at least 18 years of age, unless otherwise specified; **AND**
- Females of reproductive potential have a negative pregnancy test prior to initiating treatment; **AND**
- Patient's disease is somatostatin receptor-positive in all tumor lesions (OctreoScan uptake ≥ normal liver); **AND**
- Patient has not received any long-acting somatostatin analogues within the previous 4 weeks OR short-acting somatostatin analogues within 24 hours prior to therapy; **AND**
- Will be used in combination with a long-acting somatostatin analog given as a single-injection (between 4-24 hours) following each Lutathera infusion; **AND**

Neuroendocrine and Adrenal Tumors [1,3,4]

- Used for Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs) † Φ; **AND**
  - Patient is at least 12 years of age; **AND**
  - Patient has well-differentiated disease with a Ki67 labeling index score of ≤20%; **AND**
  - Patient has locally advanced, metastatic, or inoperable disease; **AND**
  - Disease has progressed on long-acting octreotide; **OR**
- Used for well-differentiated grade 3 NET ‡; **AND**
  - Patient has unresectable locally advanced or metastatic disease (excluding asymptomatic, low tumor burden disease); **AND**

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- Patient has favorable biology (e.g., relatively low Ki-67 [<55%], slow growing, positive SSTR-based PET imaging); **OR**

- Used for lung/thymic disease ‡; **AND**
  - Disease has progressed on long-acting octreotide or lanreotide; **AND**
    - Used as subsequent therapy for recurrent and/or unresectable disease; **OR**
    - Used as first-line OR subsequent therapy (as alternate first-line therapy) if progression on first-line therapy; **AND**
      - Patient has recurrent and/or distant metastatic disease with clinically significant tumor burden and low grade (typical carcinoid) histology, evidence of disease progression, intermediate grade (atypical carcinoid) histology, or symptomatic disease; **OR**
- Used for gastrointestinal disease ‡; **AND**
  - Patient has recurrent, locoregional advanced and/or distant metastatic disease; **AND**
    - Used as first-line therapy for Ki-67 ≥10% and clinically significant tumor burden; **OR**
    - Disease has progressed on long-acting octreotide or lanreotide; **AND**
      - Used as subsequent therapy; **OR**
      - Used as alternative-front-line therapy if surgical cytoreduction of metastases is not possible and there is clinically significant tumor burden; **OR**
- Patient has poorly controlled carcinoid syndrome ‡; **AND**
  - Disease has progressed on long-acting octreotide or lanreotide; **AND**
  - Patient has persistent symptoms (i.e., flushing, diarrhea); **OR**
- Used for pancreatic disease ‡; **AND**
  - Patient has symptomatic, clinically significant tumor burden OR progressive recurrent, locoregional advanced, and/or distant metastatic disease; **AND**
    - Used as first-line therapy for Ki-67 ≥10% and clinically significant tumor burden; **OR**
    - Disease has progressed on long-acting octreotide or lanreotide; **AND**
      - Used as subsequent therapy OR as alternative-front-line therapy; **OR**
- Used for Pheochromocytoma or Paraganglioma ‡; **AND**
  - Used for locally unresectable or distant metastatic disease

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria

Duration of authorization has not been exceeded *(refer to Section I)*

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V. Dosage/Administration [1]

Indication	Dose
All Indications	• Administer 7.4 GBq (200 mCi) every 8 weeks (± 1 week) for a total of 4 doses. Administer a single dose of long-acting somatostatin analog between 4 to 24 hours after each Lutathera dose. (Long-acting somatostatin analog may not be repeated until after the next scheduled dose of Lutathera to provide the 4-week drug-free interval. Short-acting octreotide may be administered up to 24 hours prior to each Lutathera dose) • Initiate recommended intravenous amino acid solution 30 minutes before Lutathera infusion; continue during and for at least 3 hours after infusion. • Following Lutathera treatment, continue long-acting somatostatin analog every 4 weeks until disease progression or for 18 months following treatment initiation.
***Note**: Lutathera is a radiopharmaceutical; handle with appropriate safety measures to minimize radiation exposure. Use waterproof gloves and effective radiation shielding when handling. Lutathera should be used by or under the control of healthcare providers who are qualified by specific training and experience in the safe use and handling of radiopharmaceuticals, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radiopharmaceuticals.*	

VI. Billing Code/Availability Information

HCPCS code:

- A9513 – Lutetium lu 177, dotatate, therapeutic, 1 millicurie; 1 billable unit = 1 millicurie

NDC:

- Lutathera 7.4 GBq (200 mCi) [370 MBq/mL (10 mCi/mL)] of lutetium Lu 177 dotatate in a single-dose vial: 69488-0003-XX

VII. References

1. Lutathera [package insert]. Millburn, NJ; Advanced Accelerator Applications USA, Inc.; November 2024. Accessed September 2025.
2. Strosberg J, El-Haddad G, Wolin E, et al. Phase 3 Trial of 177 Lu-Dotatate for Midgut Neuroendocrine Tumors. N Engl J Med. 2017 Jan 12;376(2):125-135.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) lutetium lu 177 dotatate. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed September 2025.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Neuroendocrine and Adrenal Tumors. Version 2.2025. National

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5. Brabander T, Van Der Zwan WA, Teunissen JJM, et al. Long-term efficacy, survival, and safety of [177Lu-DOTA0, Tyr3] octreotate in patients with gastroenteropancreatic and bronchial neuroendocrine tumors. Clin Cancer Res. 2017;23(16):4617-4624.
6. Kong G, Grozinsky-Glsberg S, Hofman MS, et al. Efficacy of peptide receptor radionuclide therapy for functional metastatic paraganglioma and pheochromocytoma. J Clin Endocrinol Metab 2017; 102(9): 3278-3287.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.5	Malignant neoplasm of aortic body and other paraganglia
C7A.00	Malignant carcinoid tumor of unspecified site

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ICD-10	ICD-10 Description
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.8	Other secondary neuroendocrine tumors
D3A.00	Benign carcinoid tumor of unspecified site
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix

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ICD-10	ICD-10 Description
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.091	Benign carcinoid tumor of the thymus
D3A.092	Benign carcinoid tumor of the stomach
D3A.094	Benign carcinoid tumor of the foregut, unspecified
D3A.095	Benign carcinoid tumor of the midgut, unspecified
D3A.096	Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Benign carcinoid tumors of other sites
E16.1	Other hypoglycemia
E16.3	Increased secretion of glucagon
E16.8	Other specified disorders of pancreatic internal secretion
E34.00	Carcinoid syndrome, unspecified
E34.01	Carcinoid heart syndrome
E34.09	Other carcinoid syndrome
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.230	Personal history of malignant carcinoid tumor of thymus
Z85.858	Personal history of malignant neoplasm of other endocrine glands

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Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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