OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare

# Lutathera® (Lutetium Lu-177 Dotatate) Prior Authorization Form

***Member Name:***_____ ***Date of Birth:***_____ ***Member ID#:***_____

## Drug Information

***Prescriber billing*** **(HCPCS code:**_____**)** ***Start Date (or date of next dose):***_____

***Dose:***_____ ***Regimen:***_____

## Billing Provider Information

***Provider NPI:***_____ ***Provider Name:***_____

***Provider Phone:***_____ ***Provider Fax:***_____

## Prescriber Information

***Prescriber NPI:***_____ ***Prescriber Name:***_____

***Prescriber Phone:***_____ ***Prescriber Fax:***_____ ***Specialty:***_____

## Criteria

**For Initial Authorization:**

1. Please indicate the diagnosis and information:

☐ **Gastroenteropancreatic Neuroendocrine (GEP-NET)**

A. Is diagnosis progressive locoregional advanced disease or metastatic disease? Yes☐ No☐

B. Is there positive imaging of somatostatin receptors? Yes☐ No☐

C. Will Lutathera® be used as second-line or subsequent therapy following progression on octreotide or lanreotide? Yes☐ No☐

D. Will Lutathera® be used as first-line for treatment of pheochromocytoma/paraganglioma? Yes☐ No☐

☐ **If diagnosis is not listed above, please indicate diagnosis**:_____

Additional Information:_____

_____

**For Continued Authorization:**

1. Date of last dose:_____
2. Does member have any evidence of progressive disease while on Lutathera®? Yes☐ No☐
3. Has the member experienced any adverse drug reactions related to Lutathera® therapy? Yes☐ No☐

*If yes, please specify adverse reactions:*_____

Additional Information:_____

_____

**Prescriber Signature:**_____ **Date:**_____

***I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge.*** *Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit

Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

CONFIDENTIALITY NOTICE