Blue Cross Blue Shield Blue Care Network of Michigan

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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 02/13/2025

Lutathera® (lutetium LU-177 dotatate)

HCPCS: A9513

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved age
   b. FDA approved indication
   c. Prescribed by or in consultation with an oncologist
   d. Official pathology report documenting a neuroendocrine tumor of the foregut, midgut, hindgut, or pancreas with a Ki67 index < 20%
   e. Positive somatostatin receptor scintigraphy with correlative MRI or CT imaging of metastatic measurable disease or 68-Ga-Dotate PET scan positive for metastatic disease
   f. In the absence of metastatic disease, a surgical or medical consult documenting the reason for inoperability
   g. Completed Lutetium-177 (Lutathera) worksheet (See attachment 1)
   h. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: 10 months
   c. Renewal Criteria: Not applicable as no further authorization will be provided

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Lutathera is a radiolabeled somatostatin analog indicated for the treatment of adult and pediatric patients 12 years of age and older with somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors in adults.

- Safety and efficacy of Lutathera was established in a phase III, randomized, multicenter, open-label, active-controlled trial of 229 patients with advanced somatostatin receptor–positive GEP-NET progressing under standard dose octreotide LAR treatment and overexpressing somatostatin receptors. Patients were randomized to receive either 7.4 GBq (200 mCi) of Lutathera every 8 weeks for up to 4 doses or high-dose long-acting octreotide defined as 60 mg every 4 weeks. Patients in the Lutathera arm also received long-acting octreotide 30 mg after each Lutathera dose and every 4 weeks after completion of Lutathera treatment until disease progression or until week 76 of the study. Key eligibility criteria included a Ki67 index less than or equal to 20%, a Karnofsky performance status greater than or equal to 60, confirmed presence of somatostatin receptors on all lesions, a creatinine clearance greater than or equal to 50 mL/min, no prior treatment with peptide receptor radionuclide therapy, and no prior external radiation therapy to more than 25% of the bone marrow. The primary endpoint of progression free survival (PFS) was met showing a 79% reduction in risk for disease progression or death in the group treated with Lutathera compared with patients treated with octreotide alone. Median PFS was 8.4 months in patients who received octreotide alone but was not reached (at least 40 months) in the Lutathera treatment group.

- The 2024 National Comprehensive Cancer Network treatment guidelines for neuroendocrine and adrenal tumors recommend the use of Lutathera when the disease is metastatic or inoperable. The tumor must be shown to have somatostatin receptors via positive somatostatin receptor scintigraphy with correlative MRI or CT imaging of metastatic measurable disease or 68-Ga-Dotate PET scan positive for metastatic disease. Lutathera is also recommended for tumors that are inoperable and unable to be resected.

References:

1. Lutathera [prescribing information]. New Jersey: Advanced Accelerator Applications USA, Inc; October 2024.
2. National Comprehensive Cancer Network. Neuroendocrine and adrenal tumors (Version 2.2024). 2024 Aug 1. Available at: https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf. Accessed on December 12, 2024.
3. Strosberg J, Kunz PL, Hendifar A, et al. Impact of liver tumour burden, alkaline phosphatase elevation, and target lesion size on treatment outcomes with (177) Lu-dotatate: an analysis of the NETTER-1 study. Eur J Nucl Med Mol Imaging. 2020 Sep; 47 (10): 2372 – 82.
4. Strosberg J, Wolin E, Chasen B, et al. Health-related quality of life in patients with progressive midgut neuroendocrine tumors treated with (177) Lu-dotatate in the phase III NETTER-1 trial. J Clin Oncol. 2018 Sep 1; 36 (25): 2578 – 84.
5. Strosberg J, El-Haddad G, Wolin E, et al. Phase 3 trial of (177) Lu-dotatate for midgut neuroendocrine tumors. NEJM. 2017 Jan 12; 376 (2): 125 - 35.

<table>
<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.7</td><td>Effective Date: 02/13/2025</td><td>Annual review of criteria was performed, no changes were made</td></tr>
<tr><td>1.6</td><td>Effective Date: 02/08/2024</td><td>Annual review of criteria was performed, no changes were made</td></tr>
<tr><td>1.5</td><td>Effective Date: 02/02/2023</td><td>Annual review of criteria was performed. No changes were made</td></tr>
<tr><td>1.4</td><td>Effective Date: 02/10/2022</td><td>Annual review of criteria was performed, no changes were made</td></tr>
<tr><td>1.3</td><td>Effective Date: 02/04/2021</td><td>Annual review of criteria was performed, no changes were made</td></tr>
<tr><td>1.2</td><td>Effective Date: 02/06/2020</td><td>Annual review of criteria was performed, no changes were made</td></tr>
<tr><td>1.1</td><td>Effective Date: 02/14/2019</td><td>Updated criteria per radiopharmaceutical vendor
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
<tr><td>1.0</td><td>Effective Date: 08/09/2018</td><td>New Policy</td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*