

# Lutetium Lu 177 dotatate (Lutathera)

Please provide the information below. Please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. Without this information, we may deny the request in 30 days.

**A typed and completed General Authorization for Information form (13-835) must be attached to your request and must be the first page (no cover sheet). Fax to: 1-866-668-1214**

**1**

## General information

Date of request

Patient

Date of birth

ProviderOne client ID

Prescriber

Billing provider NPI number

Telephone number

Fax number

Drug/strength/dose/frequency

**2**

## Patient information

1. Is this request for a continuation of existing therapy? Yes No

If yes, how many total doses have been administered?

2. Is patient's diagnosis somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs)? Yes No

• If yes, was diagnosis confirmed by somatostatin-based imaging demonstrating somatostatin receptor expression in the foregut, midgut, or hindgut? Yes No

• If no, what is diagnosis?

3. Is the tumor well-differentiated with a Ki-67 proliferation index of <20%? Yes No

4. Is the GEP-NET inoperable, locally advanced, or metastatic? Yes No

5. Is there evidence of disease progression, verified by CT or MRI, during treatment with a long-acting somatostatin analogue (octreotide or lanreotide)? Yes No

Creatinine clearance	ml/min	
Total bilirubin		
Hemoglobin	g/dL	
White blood count	/mm <sup>3</sup>	
Platelet count	/mm <sup>3</sup>	
7. Is patient pregnant or breastfeeding?	Yes	No
8. Will long-acting and short-acting somatostatin analogues be discontinued for at least 4 weeks and 24 hours, respectively, prior to initiating treatment?	Yes	No
9. Has patient received any prior treatment with peptide receptor radioligand therapy for GEP-NETs?	Yes	No
10. Is treatment prescribed by an oncologist or specialist in the treatment of GEP-NETs	Yes	No

- Somatostatin-based imaging confirming diagnosis
- Documentation of Ki-67 proliferation index (pathology report)
- History of disease progression, testing and lab results, chart notes

**Prescriber's signature**

Date