

Clinical Policy: Lutetium Lu 177 Dotatate (Lutathera)

Reference Number: LA.PHAR.384

Effective Date: 03.16.23

Last Review Date: 07.18.26

Line of Business: Medicaid

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

****Please note: This policy is for medical benefit****

Description

Lutetium Lu 177 dotatate (Lutathera®) is a radiolabeled somatostatin analog.

FDA Approved Indication(s)

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

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of Louisiana Healthcare Connections that Lutathera is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Neuroendocrine Tumors (must meet all):

1. Diagnosis of one of the following somatostatin receptor-positive NETs (a, b, or c):
 - a. Gastrointestinal tract or pancreas;
 - b. Lung or thymus (off-label);
 - c. Well-differentiated, grade 3 NET (off-label);
2. Prescribed by or in consultation with an oncologist;
3. Age $\geq$ 12 years;
4. One of the following (a, b, or c):
 - a. Disease is recurrent, metastatic, locally advanced, or unresectable;
 - b. For well-differentiated, grade 3 NETs only: Disease has all of the following characteristics (i, ii, and iii):
 - i. Metastatic or locally advanced;
 - ii. Unresectable;
 - iii. Favorable biology (e.g., relatively low Ki-67 [$< 55\%$]);
 - c. Member has poorly controlled carcinoid syndrome associated with lung or thymus NET;
5. One of the following (a, b, or c):
 - a. Member experienced disease progression while on a somatostatin analog (e.g., octreotide, lanreotide)

- b. Member has a well-differentiated, grade 3 NET;
 - c. Member has a gastrointestinal or pancreas NET with Ki-67 $\geq 10\%$ and clinically significant tumor burden;
6. Dose does not exceed 7.4 GBq (200 mCi) every 8 weeks (± 1 week), up to a total of 4 doses.

Approval duration: 36 weeks (no more than 4 total doses)

B. Pheochromocytoma/Paraganglioma (off-label) (must meet all):

- 1. Diagnosis of a somatostatin receptor-positive pheochromocytoma/paraganglioma;
- 2. Prescribed by or in consultation with an oncologist;
- 3. Disease is metastatic or locally unresectable;
- 4. Dose does not exceed 7.4 GBq (200 mCi) every 8 weeks (± 1 week), up to a total of 4 doses.

Approval duration: 36 weeks (no more than 4 total doses)

C. Other diagnoses/indications (must meet 1 or 2):

- 1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to LA.PMN.255
- 2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy LA.PMN.53

II. Continued Therapy

A. All Indications in Section I (must meet all):

- 1. Currently receiving medication via Louisiana Healthcare Connections benefit, or documentation supports that member is currently receiving Lutathera for a covered indication;
- 2. Member is responding positively to therapy;
- 3. Member has not received ≥ 4 doses of Lutathera;
- 4. If request is for a dose increase, new dose does not exceed 7.4 GBq (200 mCi) every 8 weeks (± 1 week), up to a total of 4 doses.

Approval duration: 36 weeks (no more than 4 total doses)

B. Other diagnoses/indications (must meet 1 or 2):

- 1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to LA.PMN.255
- 2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy LA.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – LA.PMN.53.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CT: computed tomography	mCi: millicurie
FDA: Food and Drug Administration	NCCN: National Comprehensive Cancer Network
GEP-NET: gastroenteropancreatic neuroendocrine tumor	

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/Maximum Dose
lanreotide (Somatuline® Depot)	90 – 120 mg SC every 4 weeks	120 mg/month
octreotide LAR (Sandostatin® LAR Depot)*	20 – 30 mg IM once monthly (20 mg may be used for pancreatic NETs)	30 mg/month
octreotide (Sandostatin®)	150 – 250 mcg SC TID	450 mcg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

**Off-label for the treatment of NETs (octreotide is only FDA-approved for the treatment of symptoms associated with carcinoid tumors) – NET dosing recommendations are per the NCCN guidelines*

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: General Information

- Somatostatin receptor expression can be detected by somatostatin receptor-based imaging, which includes ⁶⁸Ga-dotatate PET/CT (preferred per the NCCN) and somatostatin receptor scintigraphy.
- Use of Lutathera with somatostatin analogs:
 - Before initiating Lutathera: Long-acting somatostatin analogs (e.g., long-acting octreotide) should be discontinued for at least 4 weeks prior to initiation of Lutathera. Short-acting octreotide can be administered as needed up to 24 hours prior to initiating Lutathera.
 - During Lutathera: Administer long-acting octreotide 30 mg intramuscularly 4 to 24 hours after each Lutathera dose and short-acting octreotide for symptomatic management.
 - Following Lutathera: Continue long-acting octreotide 30 mg intramuscularly every 4 weeks after completing Lutathera until disease progression or for up to 18 months following treatment initiation.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
GEP-NET		

Indication	Dosing Regimen	Maximum Dose
NET of lung or thymus origin, pheochromocytoma, paraganglioma*	7.4 GBq (200 mCi) IV every 8 weeks ($\pm$ 1 week) for a total of 4 doses	7.4 BGq (200 mCi)/dose (4 doses)

**Off-label – dosing recommendations are per the NCCN guidelines*

VI. Product Availability

Single-dose vial for injection: 370 MBq/mL (10 mCi/mL)

VII. References

1. Lutathera Prescribing Information. Millburn, NJ: Advanced Accelerator Applications USA, Inc.; October 2024. Available at: <https://www.lutathera.com>. Accessed April 17, 2026.
2. National Comprehensive Cancer Network. Neuroendocrine and Adrenal Tumors. Version 1.2026. Available at: https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf. Accessed April 28, 2026.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed April 28, 2026.
4. 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; 376(2): 125-135.
5. Brabander T, van der Zwan WA, Teunissen JJM, et al. Long-term efficacy, survival, and safety of [^{177}Lu -DOTA 0 ,Tyr 3]octreotate in patients with gastroenteropancreatic and bronchial neuroendocrine tumors. *Clin Cancer Res*. 2017; 1-8.
6. Clinical Pharmacology [database online]. Elsevier, Inc.; 2026. Available at: <https://www.clinicalkey.com/pharmacology>.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPSC Codes	Description
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 millicurie (mCi)

Reviews, Revisions, and Approvals	Date	LDH Approval Date
Converted corporate to local policy	02.23	03.16.23
Updated criteria for other diagnoses/indications	06.25.23	10.05.23
Annual review: per NCCN – for NET, added coverage for well-differentiated grade 3 NET and carcinoid syndrome, and for NETs other than the aforementioned two, revised required qualifiers to include recurrent or unresectable; for pheochromocytoma/paraganglioma, revised from “metastatic or locally advanced, and unresectable” to “metastatic or locally unresectable”; revised dosing in criteria, approval duration (from 32 weeks to 36 weeks), and Section V to reflect updated PI, which allows for every 8 week dosing “± 1 week”; updated Appendix D regarding concurrent SSA use per updated PI; references reviewed and updated.	05.20.24	08.20.24
Annual review: updated NET criteria to reflect newly approved pediatric expansion; references reviewed and updated.	10.03.24	01.27.25
Annual review: added option for first-line use in gastrointestinal or pancreas NET with Ki-67 ≥ 10% and clinically significant tumor burden per NCCN; references reviewed and updated.	08.19.25	11.12.26
Annual review: no significant changes, references reviewed and updated.	07.18.26	N/A, no material changes

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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