

Other Cancer Type - Radiopharmaceuticals Radiation Therapy Request

This worksheet is to be used for treatment involving Radiopharmaceuticals. If external beam radiation therapy is being planned for treatment of the liver, please use the appropriate cancer type worksheet. If the request is for SIRT, please use the appropriate physician worksheet.



For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on evicore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) requests must be submitted by phone.**

Patient/ Member	First Name:	Middle Initial:	Last Name:
	DOB (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Health Plan:		Member ID:

Clinical Information	What is the radiopharmaceutical start date (mm/dd/yyyy)?
	ICD-10 Code(s):
	Which radiopharmaceutical will be used? <input type="checkbox"/> Iodine-131 (I-131) <input type="checkbox"/> Lutathera® (Lutetium Lu 177 dotatate) <input type="checkbox"/> Xofigo® (Ra-223) <input type="checkbox"/> Pluvicto® (Lutetium Lu 177 vipivotide tetraxetan)

If Iodine-131 (I-131) was selected, please continue to page 2
If Lutathera® (Lutetium Lu 177 dotatate) was selected, please continue to page 3.
If Xofigo® (Ra-223) was selected, please continue to page 4.
If Pluvicto® (Lutetium Lu 177 vipivotide tetraxetan) 5.

Otherwise, please submit the following with this completed worksheet.

1. Consult Note

Clinical Information	<p>What is the diagnosis?</p> <p><input type="checkbox"/> Thyroid Cancer</p> <p><input type="checkbox"/> Thyrotoxicosis</p> <p><input type="checkbox"/> Multinodular goiter</p> <p><input type="checkbox"/> Thyroid nodule</p> <p><input type="checkbox"/> Hyperthyroidism</p> <p><input type="checkbox"/> Other: _____</p>
	<p>What is the treatment delivery code you are requesting?</p> <p><input type="checkbox"/> 79005</p> <p><input type="checkbox"/> 79101</p> <p><input type="checkbox"/> Other*: _____</p>
	<p>Input the number of units of the requested treatment delivery code: _____</p>
	<p><i>Please submit the following with this completed worksheet:</i></p> <p>1. Consultation note</p>
	<p>Note any additional information in the space below:</p> <div style="border: 1px solid black; height: 200px; width: 100%; margin-top: 5px;"></div>

Lutathera® (Lutetium Lu 177 dotatate) Radiation Therapy Request

Clinical Information

Which of the following tumor types does the patient have?

- Gastroenteropancreatic
- Bronchopulmonary neuroendocrine tumor
- Pheochromocytoma
- Paraganglioma
- Other: _____

What is the grade of the tumor?

- Low grade
- Intermediate grade
- High grade
- Unknown

What is the individual's Ki-67 (if not known, please enter unknown)? _____

Does the individual have one of the following?

- Metastatic Disease
- Locally Advanced inoperable disease
- Other: _____

Has Lutathera® (Lutetium Lu 177 dotatate) been given previously? Yes No Unknown

Is the individual progressing on current therapy? Yes No Unknown

What is the treatment delivery code you are requesting?

- 79005
- 79101
- Other*: _____

Input the number of units of the requested treatment delivery code: _____

Please submit the following with this completed worksheet:

1. Radiation Oncology or Nuclear Medicine Consult Note

Note any additional information in the space below:

Xofigo® (Ra-223) Radiation Therapy Request

Clinical Information	Does the patient have metastatic castrate resistant prostate cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Does the patient have symptomatic bone metastases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Does the patient currently have visceral (non-bony/skeletal) or lymph node metastases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Has the patient exhausted all medical or surgical ablative hormonal treatments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Has the patient been staged for visceral metastases from prostate cancer by Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) within the past 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Was a bone scan performed within the past 60 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	If a bone scan was performed within the past 60 days, what status did the bone scan reveal?			
	<input type="checkbox"/> Progression <input type="checkbox"/> Stability <input type="checkbox"/> Improvement			
	What is the patient's weight in kilograms (if not known, please enter unknown)? _____			
	What is the treatment delivery code you are requesting? <input type="checkbox"/> 79005 <input type="checkbox"/> 79101 <input type="checkbox"/> Other*: _____			
Input the number of units of the requested treatment delivery code: _____				
<p>Please submit the following with this completed worksheet:</p> <ol style="list-style-type: none"> 1. Consultation note regarding use of Xofigo 2. Result of recent bone scan 3. Recent testosterone level 4. Last two PSA results 5. Results of re-staging (i.e., C and/or MRI abdomen/pelvis, chest x-ray) 				
Note any additional information in the space below.				

Pluvicto® (Lutetium Lu 177 vipivotide tetraxetan) Radiation Therapy Request

Clinical Information	Does the patient have metastatic castrate resistant prostate cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Has the patient had a recent PSMA PET/CT scan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Has the patient received taxane based chemotherapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Has the patient been previously treated with androgen-receptor pathway inhibitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Has Pluvicto® (Lutetium Lu 177 vipivotide tetraxetan) been given previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	What is the patient's weight in kilograms (if not known, please enter unknown)? _____			
	What is the treatment delivery code you are requesting?			
	<input type="checkbox"/> 79005			
	<input type="checkbox"/> 79101			
	<input type="checkbox"/> Other*: _____			
Input the number of units of the requested treatment delivery code: _____				
Please submit the following with this completed worksheet:				
1. Consultation note				
Note any additional information in the space below.				