Other Cancer Type - Radiopharmaceuticals Radiation Therapy Physician Worksheet (As of 9 May 2022)

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.

Radiopharmaceuticals should be used by or under the control of physicians who are qualified by specific training and experience in the safe use and handling of radiopharmaceuticals, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radiopharmaceuticals.

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.

First Name:	**Middle Initial:**	**Last Name:**
DOB (mm/dd/yyyy):	**Member ID:**	
What is the radiopharmaceutical start date (mm/dd/yyyy)?		_____ /_____ /_____

1. Which radiopharmaceutical will be used?

☐ Iodine-131 (I-131)	☐ Strontium-89 (Sr-89)
☐ Lutathera® (Lutetium Lu 177 dotatate)	☐ Samarium-153 (Sm-153)
☐ Zevalin® (Ibritumomab Tiuxetan)	☐ Azedra® (Iobenguane I-131)
☐ Xofigo® (Ra-223)	☐ Pluvicto® (Lutetium Lu 177 vipivotide tetraxetan)

If Lutathera® (Lutetium Lu 177 dotatate) was selected, please continue to page 2.

If Azedra® (Iobenguane I-131) was selected, please continue to page 4.

If Xofigo® (Ra-223) was selected, please continue to page 6.

Otherwise, please submit the following with this completed worksheet.

1. Consult Note

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By EVERNORTH

Lutathera® (Lutetium Lu 177 dotatate) Radiation Therapy Physician Worksheet (As of 9 May 2022)

Lutathera is indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic and bronchopulmonary neuroendocrine tumors.

1.	Does the individual have a somatostatin receptor-positive gastroenteropancreatic or bronchopulmonary neuroendocrine tumor?	☐ Yes ☐ No
2.	Has or will treatment with SIRT be given?	☐ Yes ☐ No
3.	Will the individual be receiving chemotherapy or other systemic therapy with or following treatment with Lutetium-177?	☐ Yes ☐ No
4.	Has Lutetium-177 been given previously?	☐ Yes ☐ No
5.	Does the individual have one of the following?	
	☐ Metastatic disease ☐ Locally advanced inoperable disease ☐ Other: _____	
6.	Is the individual progressing on current therapy?	☐ Yes ☐ No
7.	What is the individual's creatinine (mg/dL)?	_____
8.	What is the individual's creatinine clearance (mL/min)?	_____
9.	What is the individual's hemoglobin (Hgb)?	_____
10.	What is the individual's white blood cell (WBC) count?	_____
11.	What is the individual's platelet count?	_____
12.	What is the individual's Ki-67?	_____
13.	What is the individual's total bilirubin (mg/dL)?	_____
14.	Has the individual discontinued long acting somatostatin analogs (i.e. long-acting octreotide) at least 4 weeks prior to treatment starting?	☐ Yes ☐ No
15.	Has the individual discontinued short acting somatostatin analogs (i.e. short-acting octreotide) at least 24 hours prior to treatment starting?	☐ Yes ☐ No

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Bluffton, SC 29910

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Lutathera® (Lutetium Lu 177 dotatate) Radiation Therapy Physician Worksheet (As of 9 May 2022)

Please submit the following with this completed worksheet: *1. Radiation Oncology or Nuclear Medicine Consult Note* *2. Documentation of the above lab values*	
8.	Note any additional information in the space below.

EviCore
By EVERNORTH

Azedra® (Iobenguane I-131) Radiation Therapy Physician Worksheet (As of 9 May 2022)

High-specific-activity (HSA) iobenguane I-131 (Azedra®) is approved for the treatment of adult and pediatric patients 12 years or older with iobenguane scan-positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma who require systemic anticancer therapy.

1.	Does the individual have a diagnosis of iobenguane scan-positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma?	☐ Yes ☐ No
2.	Is the individual inoperable?	☐ Yes ☐ No
3.	Has the individual failed prior therapies?	☐ Yes ☐ No
4.	Is the individual a candidate for chemotherapy?	☐ Yes ☐ No
5.	Is the individual on a stable anti-hypertensive regimen?	☐ Yes ☐ No
6.	What is the individual's creatinine clearance (mL/min)?	_____
7.	What is the individual's platelet count?	_____
8.	What is the individual's absolute neutrophil count (ANC)?	_____
9.	What is the individual's AST?	_____
10.	What is the individual's ALT?	_____
11.	What is the individual's total bilirubin (mg/dL)?	_____
12.	Does the individual have a history of hepatitis or chronic alcohol abuse?	☐ Yes ☐ No
13.	Does the individual have a history external beam radiation to greater than 25% of bone marrow or a history of whole body radiotherapy?	☐ Yes ☐ No
14.	Does the individual have a history of systemic radiotherapy resulting in myelosuppression within the past 3 months?	☐ Yes ☐ No
15.	What is patient's weight in kilograms?	_____

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Please submit the following with this completed worksheet: *1. Consultation note* *2. Documentation of the above lab results*	
16.	Note any additional information in the space below.

Xofigo® (Ra-223)
Radiation Therapy Physician Worksheet
(As of 9 May 2022)

1.	What is patient's weight? **Weight must be recorded in kilograms.**	Weight: _____ Kg
2.	Has the patient ever had, or does the patient currently have, metastases to a visceral (non-bony/skeletal) site or to lymph nodes?	☐ Yes ☐ No
3.	Has the patient exhausted all medical or surgical ablative hormonal treatments?	☐ Yes ☐ No
4.	Is the patient's serum testosterone currently at castrate levels (less than 50 ng/dL)?	☐ Yes ☐ No
5.	Is the patient exhibiting prostate specific antigen (PSA) progression [2 consecutive rises in PSA, at least 1 week apart, within the past 6 months]?	☐ Yes ☐ No
6.	What was the date and result of the patient's last PSA (within the last 30 days)? Date: _____ /_____ / _____ Result:	
7.	a. Was a bone scan performed within the past 60 days?	☐ Yes ☐ No
	b. If a bone scan was performed within the past 60 days, what status did the bone scan reveal? ☐ Progression ☐ Stability ☐ Improvement	

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8.	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?	☐ Yes ☐ No

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Please submit the following with this completed worksheet: *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)*	
10.	Note any additional information in the space below.