

Coverage of any drug intervention discussed in the plans prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Pluvicto[®] (lutetium Lu 177 vipivotide tetraxetan) (Intravenous)

Document Number: IC-0665

Last Review Date: 08/17/2022

Date of Origin: 04/04/2022

Dates Reviewed: 04/2022, 08/2022

Effective date: 01/01/2023

I. Length of Authorization

Coverage will be provided for five months (4 doses) and may be renewed to provide for 2 additional doses. The total number of doses authorized cannot exceed 6 doses.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- N/A

B. Max Units (per dose and over time) [HCPCS Unit]:

- 200 mCi (7.4 GBq = 200 mCi) every 6 weeks for a total of 6 doses

III. Initial Approval Criteria¹⁻⁴

Coverage is provided in the following conditions:

- Patient is at least 18 years old; **AND**

Universal Criteria

- Patient will receive concurrent treatment with a GnRH-analog or has had a bilateral orchiectomy; **AND**

Prostate Cancer †^{1,4}

- Patient has metastatic castration-resistant prostate cancer (mCRPC); **AND**
- Patient has prostate-specific membrane antigen (PSMA)-positive disease defined as having at least one tumor lesion with gallium Ga-68 gozetotide uptake greater than normal liver; **AND**
- Patient has been previously treated with an androgen receptor pathway inhibitor (e.g., enzalutamide, abiraterone, etc.) **AND** taxane-based chemotherapy

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: bone marrow suppression, nephrotoxicity, etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or at least a partial response; **AND**
- Patient has not received more than 6 doses total

V. Dosage/Administration¹

Indication	Dose
mCRPC	<p>The recommended Pluvicto dosage is 7.4 GBq (200 mCi) intravenously every 6 weeks (up to 10 weeks for toxicities) for up to 6 doses, or until disease progression, or unacceptable toxicity</p> <ul style="list-style-type: none">• Select patients with previously treated mCRPC for treatment with Pluvicto using LOCAMETZ or another approved PSMA-11 imaging agent based on PSMA expression in tumors. <p><i>(Pluvicto is a radiopharmaceutical; handle with appropriate safety measures to minimize radiation exposure. Use waterproof gloves and effective radiation shielding when handling Pluvicto. Radiopharmaceuticals, including Pluvicto, should be used by or under the control of healthcare providers 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.)</i></p>

VI. Billing Code/Availability Information

HCPCS code:

- A9699 – Radiopharmaceutical, therapeutic, not otherwise classified
- C9399 – Unclassified drugs or biologicals

NDC:

- Pluvicto 1,000 MBq/mL (27 mCi/mL) of lutetium Lu 177 vipivotide tetraxetan 30 mL single-dose vial containing 7.4 GBq (200 mCi) [370 MBq/mL (10 mCi/mL)] : 69488-0010-XX

VII. References

1. Pluvicto [package insert]. Milburn, NJ; Advanced Accelerator Applications USA, Inc; March 2022. Accessed March 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) lutetium lu 177 vipivotide tetraxetan. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2022.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Prostate Cancer 3.2022. National Comprehensive Cancer Network, 2021. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2022.
4. Sartor O, de Bono J, Chi KN, et al; VISION Investigators. Lutetium-177-PSMA-617 for Metastatic Castration-Resistant Prostate Cancer. N Engl J Med. 2021 Sep 16;385(12):1091-1103. doi: 10.1056/NEJMoa2107322. Epub 2021 Jun 23.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C61	Malignant neoplasm of prostate

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)

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Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

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Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC