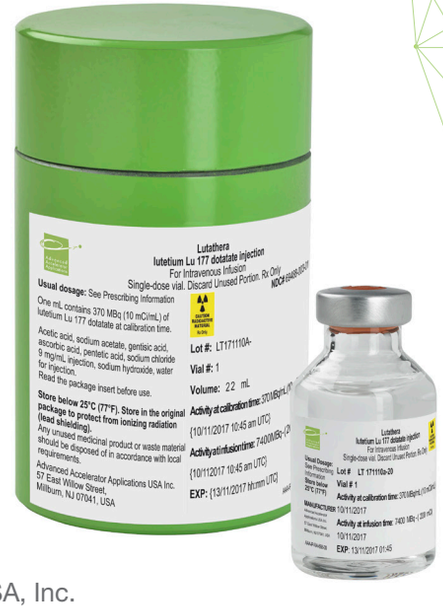
LUTATHERA® At A Glance



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Product specification guide for:

LUTATHERA® (lutetium Lu 177 dotatate)

Marketed and Manufactured by: Advanced Accelerator Applications USA, Inc.

Brand Name	LUTATHERA®
Established/Generic Name	lutetium Lu 177 dotatate
Product NDC	69488-0003-01
Product Price (WAC)	$48,900* per dose (200 mCi ±10%)
Product HCPCS Code	A9513† Lutetium Lu 177, dotatate, therapeutic, 1 millicurie
Product CPT Code	79101 Radiopharmaceutical therapy, by intravenous administration
Product Nomenclature	An intravenous Peptide Receptor Radionuclide Therapy (PRRT)
Dosing and Administration	7.4 GBq (200 mCi) as an intravenous infusion over 30-40 minutes every 8 weeks for a total of 4 doses‡

*Effective January 1, 2019.

†Transitional Pass-Through Code (C9031), previously issued for LUTATHERA, is discontinued effective January 1, 2019.

‡See accompanying full Prescribing Information for complete information on dosing and administration including, safe handling of radiopharmaceuticals and dose modifications for adverse reactions.

It is the provider's responsibility to determine and submit accurate information on claims and comply with payer coverage, reimbursement, and claim submission rules. The existence of billing codes does not guarantee coverage and payment.

INDICATION:[1]

LUTATHERA® is a radiolabeled somatostatin analog indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut and hindgut neuroendocrine tumors in adults.

LUTATHERA® IMPORTANT SAFETY INFORMATION:[1]

Radiation exposure: Treatment with LUTATHERA® contributes to a patient's overall long-term radiation exposure and is associated with an increased risk for cancer. Radiation can be detected in the urine for up to 30 days following LUTATHERA® administration. Minimize radiation exposure to patients, medical personnel, and household contacts during and after treatment with LUTATHERA® consistent with institutional good radiation safety practices and patient management procedures.

Please see additional Important Safety Information on the reverse side and accompanying full Prescribing Information.

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LUTATHERA®
(lutetium Lu 177 dotatate)
injection, for intravenous use

IMPORTANT SAFETY INFORMATION (continued)[1]

WARNINGS AND PRECAUTIONS

- **Myelosuppression:** In LUTATHERA® clinical trials, hematological adverse reactions occurred at the following rates (all grades/grade 3 or 4): anemia (81%/0), thrombocytopenia (53%/1%), and neutropenia (26%/3%). Blood cell counts must be monitored prior to, during, and after treatment. Dose modification or cessation of treatment may be necessary.
- **Secondary Myelodysplastic Syndrome and Leukemia:** With a median follow-up time of 24 months, myelodysplastic syndrome (MDS) was reported in 2.7% of patients receiving LUTATHERA® with long-acting octreotide compared to no patients receiving high-dose long-acting octreotide. In a Phase I/II clinical study, 15 patients (1.8%) developed MDS and 4 (0.5%) developed acute leukemia. The median time to the development of MDS was 28 months (9 to 41 months) for MDS and 55 months (32 to 155 months) for acute leukemia.
- **Renal toxicity:** Treatment with LUTATHERA® will expose kidneys to radiation, which may impair renal function. In a Phase I/II clinical trial <1% of patients developed renal failure 3 to 36 months following LUTATHERA®. Monitor serum creatinine and creatinine clearance to assess changes in renal function. Advise patients to urinate frequently during and after administration of LUTATHERA®. A concomitant intravenous infusion of amino acids during LUTATHERA® administration is mandatory for renal protection. Patients with baseline renal impairment may be at greater risk of toxicity. Perform more frequent assessments of renal function in patients with mild or moderate impairment. Withhold, reduce dose, or permanently discontinue based on severity of reaction.
- **Hepatotoxicity:** In LUTATHERA® clinical trials, <1% of patients were reported to have hepatic tumor hemorrhage, edema, or necrosis, with one patient experiencing intrahepatic congestion and cholestasis. Patients with hepatic metastasis may be at increased risk of hepatotoxicity due to radiation exposure. Monitor transaminases, bilirubin, and serum albumin during treatment. Withhold, reduce dose, or permanently discontinue based on severity of reaction.
- **Neuroendocrine hormonal crisis:** Manifesting with flushing, diarrhea, bronchospasm and hypotension, neuroendocrine hormonal crisis occurred in 1% of patients and typically occurred during or within 24 hours following the initial LUTATHERA® dose. Monitor patients for flushing, diarrhea, hypotension, bronchoconstriction or other signs and symptoms of tumor-related hormonal release. Administer intravenous somatostatin analogs, fluids, corticosteroids, and electrolytes as indicated.
- **Embryo-Fetal Toxicity:** LUTATHERA® can cause fetal harm. Advise females and males of reproductive potential of the potential risk to a fetus. Advise females and males of reproductive potential to use effective contraception during treatment and after. Verify pregnancy status of females of reproductive potential prior to initiating LUTATHERA®.
- **Risk of Infertility:** Radiation absorbed by testis and ovaries from the recommended cumulative LUTATHERA® dose falls within the range in which temporary or permanent infertility can be expected following external beam radiotherapy.

ADVERSE REACTIONS

The most common Grade 3-4 adverse reactions observed in LUTATHERA® clinical trials were lymphopenia (44%), increased GGT (20%), vomiting (7%), nausea (5%), elevated AST (5%), increased ALT (4%), hyperglycemia (4%), and hypokalemia (4%).

The following serious adverse reactions are rare but have been observed with a median follow-up time of more than 4 years after treatment with LUTATHERA®: myelodysplastic syndrome (2%), acute leukemia (1%), renal failure (2%), hypotension (1%), cardiac failure (2%), myocardial infarction (1%), and neuroendocrine hormonal crisis (1%). Patients should be counseled and monitored in accordance with the LUTATHERA® Prescribing Information.

DRUG INTERACTIONS

Somatostatin and its analogs competitively bind to somatostatin receptors and may interfere with the efficacy of LUTATHERA®. Discontinue long-acting somatostatin analogs at least 4 weeks and short-acting octreotide at least 24 hours prior to each LUTATHERA® dose. Administer short- and long-acting octreotide during LUTATHERA® treatment as recommended.

To report SUSPECTED ADVERSE REACTIONS, contact Advanced Accelerator Applications USA, Inc. at 1-844-863-1930, or us-pharmacovigilance@adacap.com, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information.

Distributed by:
Advanced Accelerator Applications USA, Inc., NJ 07041

Reference: 1. LUTATHERA® [prescribing information]. Millburn, NJ: Advanced Accelerator Applications USA, Inc.; July 2018.

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