LUTATHERA

ADMINISTRATION GUIDE

Learn more about administration schedule, setup, and radiation safety

Some of the following guidelines are based on working group experience. Such procedure standards are intended to assist practitioners in providing appropriate nuclear medicine care for patients. They are not intended, nor should they be used, to establish a legal standard of care.

It is important to adhere to the full Prescribing Information when administering LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use.

Please see Important Safety Information on pages 12 and 13, and full Prescribing Information.

INDICATION

LUTATHERA® (lutetium Lu 177 dotatate) is indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut and hindgut neuroendocrine tumors in adults.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Radiation Exposure:** Treatment with LUTATHERA contributes to a patient's overall long-term cumulative 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, patient management procedures, Nuclear Regulatory Commission patient-release guidance, and instructions to the patient for follow-up radiation protection at home.

ADMINISTERING LUTATHERA

Please check with your institution's radiation safety department and team regarding any institution-specific requirements that should be followed for the administration of LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use.

LUTATHERA is a radiopharmaceutical and should be handled with appropriate safety measures to minimize radiation exposure.[1]

LUTATHERA should be used by or under the control of health care providers who are qualified and have specific training and experience in the safe use and handling of radiopharmaceuticals. Their experience and training should have been approved by the appropriate governmental agency authorized to license the use of radiopharmaceuticals.[1]

Verify pregnancy status of females of reproductive potential prior to initiating LUTATHERA.[1]

Use waterproof gloves and effective radiation shielding when handling LUTATHERA.[1]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Myelosuppression:** In NETTER-1 clinical trial, myelosuppression occurred more frequently in patients receiving LUTATHERA with long acting octreotide 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. Withhold, reduce dose, or permanently discontinue based on severity of myelosuppression.

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LUTATHERA®
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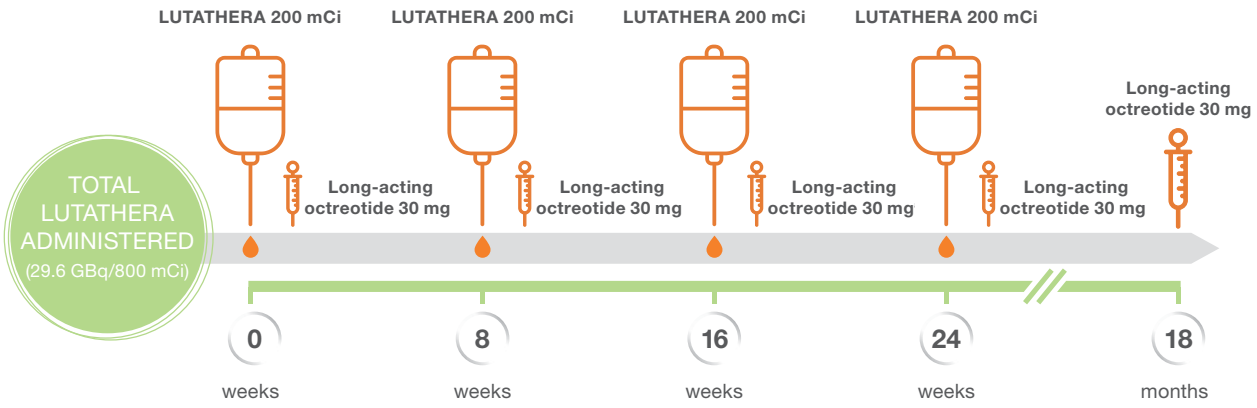
injection, for intravenous use

DOSING OVERVIEW

Treatment Regimen for LUTATHERA

Administer premedications and concomitant medications as recommended in the full Prescribing Information.[1]
Monitor patients with laboratory testing as needed.[1]



The recommended treatment regimen for LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use consists of 7.4 GBq (200 mCi) every 8 weeks for a total of 4 doses. The interval between infusions may be extended up to 16 weeks in the case of a dose modification due to an adverse reaction.[1] Refer to the Prescribing Information for additional details on dose modifications.

Before initiating LUTATHERA, discontinue long-acting somatostatin analogs (eg, long-acting octreotide) for at least 4 weeks prior to initiating LUTATHERA. Administer short-acting octreotide as needed; discontinue at least 24 hours prior to initiating LUTATHERA.[1]

During treatment with LUTATHERA, administer long-acting octreotide 30 mg intramuscularly between 4 to 24 hours after each dose of LUTATHERA. Do not administer long-acting octreotide within 4 weeks of each subsequent dose of LUTATHERA. Short-acting octreotide may be given for symptomatic management during treatment with LUTATHERA, but must be withheld for at least 24 hours before each dose of LUTATHERA.[1]

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.[1]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Secondary Myelodysplastic Syndrome and Leukemia:** In NETTER-1, 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. In ERASMUS, a Phase II clinical study, 16 patients (2%) developed MDS and 4 (0.5%) developed acute leukemia. The median time to the development of MDS was 28 months (9 to 41 months) and 55 months (32 to 155 months) for acute leukemia.

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4 WEEKS PRIOR TO INFUSION

Somatostatin analogs bind to the same receptors as LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use and may affect the efficacy of LUTATHERA.[1]

- Patients should discontinue long-acting somatostatin analogs at least 4 weeks prior to initiating LUTATHERA[1]
- Short-acting somatostatin analogs may be given for symptomatic management, but must be withheld for at least 24 hours prior to each infusion of LUTATHERA[1]

PRIOR TO AND DURING TREATMENT

- Pregnancy status must be verified in women of childbearing potential prior to initiating LUTATHERA[1]
- Monitor for:
  - Blood cell counts and myelosuppression
  - Renal toxicity
  - Hepatotoxicity
  - Neuroendocrine hormonal crisis

Please refer to the Prescribing Information for LUTATHERA for additional details on laboratory monitoring.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Renal Toxicity:** Treatment with LUTATHERA will expose kidneys to radiation, which may impair renal function. In ERASMUS <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 before, during, and after 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 renal toxicity. Do not decrease the dose of amino acid solution if the dose of LUTATHERA is reduced. LUTATHERA has not been studied in patients with severe renal impairment (CrCL < 30 mL/min).

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LUTATHERA®
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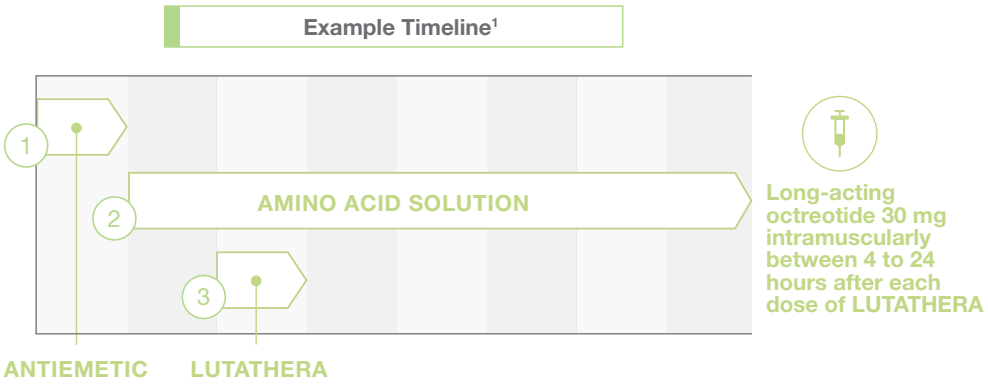
INFUSION PROCESS



1 Pretreatment Antiemetic

- Administer antiemetics before the recommended amino acid solution to help avoid treatment-related nausea and vomiting[1,2]

2 Concomitant Amino Acid Infusion

- Initiate an intravenous amino acid solution containing L-lysine and L-arginine 30 minutes before administering LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use. Use a 3-way valve to administer amino acids using the same venous access as LUTATHERA or administer amino acids through a separate venous access in the patient's other arm. Continue the infusion during and for at least 3 hours after the infusion of LUTATHERA[1]
- Do not reduce dose of amino acid solution if dose of LUTATHERA is reduced[1]

Amino Acid Solution

Item	Specification
L-lysine hydrochloride content	Between 18 g and 25 g[a]
L-arginine hydrochloride content	Between 18 g and 25 g[b]
Volume	1 L to 2 L
Osmolarity	<1050 mOsmol/L

[a]Equivalent to 14.4 g to 20 g lysine.
[b]Equivalent to 14.9 g to 20.7 g arginine.

3 Administration of LUTATHERA

- 7.4 GBq (200 mCi) of LUTATHERA is administered intravenously over 30 to 40 minutes using the gravity method[1]
  - Do not inject LUTATHERA directly into any other intravenous solution
- The gravity method or infusion pump method may be used for administration of the recommended dosage. Use the infusion pump method when administering a reduced dose of LUTATHERA following a dosage modification for an adverse reaction; using the gravity method to administer a reduced dose of LUTATHERA may result in delivery of the incorrect volume of LUTATHERA if the dose is not adjusted prior to administration[1]
  - For further instructions on the infusion pump method and the gravity method, please refer to the Prescribing Information

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Hepatotoxicity:** In ERASMUS, <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 hepatic impairment.

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ROOM AND PATIENT PREPARATIONS

Radiation can be detected in the urine for up to 30 days following administration of LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use. Minimize radiation exposure to patients, medical personnel, and household contacts during and after treatment with LUTATHERA consistent with institutional good radiation safety practices, patient management procedures, Nuclear Regulatory Commission patient-release guidance, and instructions to the patient for follow-up radiation protection at home.[1] Advise patients to hydrate and urinate frequently during and after administration of LUTATHERA.[1]

Please find some additional considerations for room and patient setup from the NANETS/SNMMI Procedure Standard below.*

*Refer to the publication for additional guidelines and information.

ROOM PREPARATION RECOMMENDATIONS

It is essential to reduce potential contamination because body fluids (such as urine) are radioactive after the administration of LUTATHERA.[2]

- Patient stretchers, chairs, floors, and lower walls can be covered with a prophylactic protective covering[2]

Because the patient will need to frequently void during and after completing the infusion of LUTATHERA and may need assistance, having a treatment suite with a toilet is ideal, but having a dedicated toilet nearby may be acceptable.[2]

Local and federal laws related to radioactive waste materials should be followed under the guidance of a local radiation safety officer.[2]

Example of patient bathroom preparation

PATIENT PREPARATION CONSIDERATIONS

Having patients change into hospital scrubs or gowns when they arrive may help to avoid potential contamination of their personal belongings.[2]

- Disposable undergarments are recommended if urinary incontinence is a concern[2]
- A Foley catheter with acrylic shielding of the Foley bag may be necessary. However, routine bladder catheterization is not recommended[2]

Consider instructing patients on procedures to avoid contamination of the bathroom

- All patients should be advised to sit on the toilet to urinate[2]
- Patients should close the toilet lid prior to flushing and double-flush the toilet after use[2]

NANETS, North American Neuroendocrine Tumor Society; SNMMI, Society of Nuclear Medicine and Molecular Imaging.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Neuroendocrine hormonal crisis:** Manifesting with flushing, diarrhea, bronchospasm and hypotension, neuroendocrine hormonal crisis occurred in <1% of patients in ERASMUS 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.

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LUTATHERA®
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injection, for intravenous use

SUPPLIES AND EQUIPMENT

Have the following items available for the gravity method:

Pharmaceuticals

- ☐ 500 mL of 0.9% sterile sodium chloride[1]
- ☐ Saline for priming the lines[3]
- ☐ Amino acid solution bag[1]
- ☐ Antiemetics[1]
- ☐ Neuroendocrine hormonal crisis intervention medications[1]

Radiopharmaceuticals

- ☐ LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use is in a lead-shielded container placed in a plastic, sealed container[1]

Equipment

Use aseptic technique and radiation shielding when administering LUTATHERA.[1]

- ☐ Tongs to handle the vial of LUTATHERA[1]
- ☐ Infusion pole[4]

Equipment (continued)

- ☐ 2.5-cm, 20-gauge needle (short needle)[1]
- ☐ 9-cm, 18-gauge needle (long needle)[1]
- ☐ Syringe for saline flush[1]
- ☐ 2 intravenous pump infusion sets with clamp and Y-connector to regulate flow[3]
- ☐ Male-to-male patient line with clamp[3]
- ☐ 3-way stopcock[3]
- ☐ Waterproof gloves[1]
- ☐ Gowns and shoe covers[5]
- ☐ Waste container for contaminated items[1]
- ☐ Radioactive waste disposable bag or container (eg, emesis bag)[2,3]
- ☐ Geiger-Mueller survey meter[5]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Embryo-Fetal Toxicity:** LUTATHERA can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment and for 7 months after the final dose. Advise males with female partners of reproductive potential to use effective contraception during treatment and for 4 months after the final dose. Verify pregnancy status of females of reproductive potential prior to initiating LUTATHERA.

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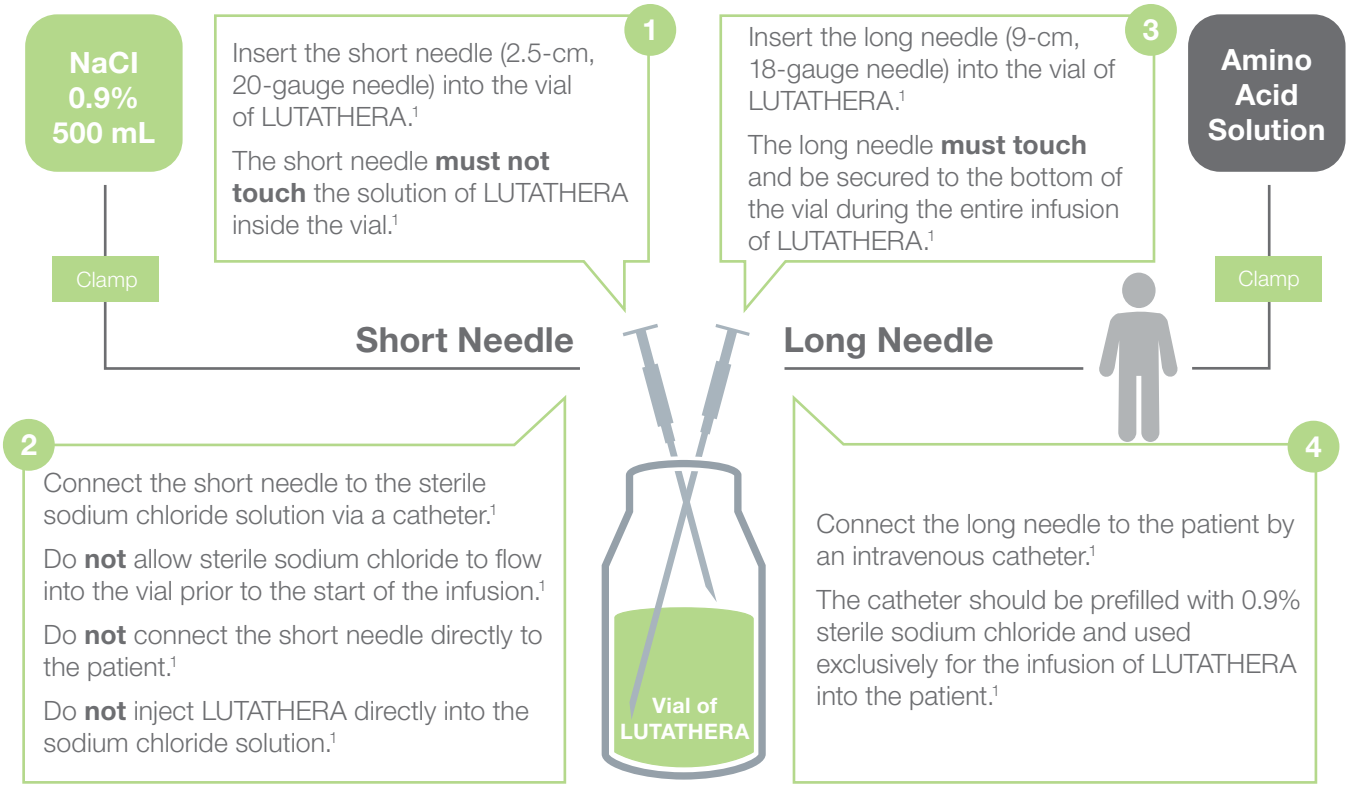
ADMINISTRATION SETUP OF GRAVITY METHOD

The gravity method or infusion pump method may be used for administration of the recommended dosage. Use the infusion pump method when administering a reduced dose of LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use following a dosage modification for an adverse reaction; using the gravity method to administer a reduced dose of LUTATHERA may result in delivery of the incorrect volume of LUTATHERA if the dose is not adjusted prior to administration.

Below is some information on the gravity method of administration, including a depiction of the setup. Please refer to the Prescribing Information for instructions on the infusion pump method, and for additional details on the instructions for the gravity method.

SHORT AND LONG NEEDLE INSTRUCTIONS

- Premedication with **antiemetics** must be given before amino acid solution infusion[1]
- Administration of **amino acid solution** must begin **30 minutes before the start of LUTATHERA**[1]
- Use a clamp or pump to regulate the flow of sodium chloride solution[1]
- Continue the amino acid infusion during and for at least 3 hours after the infusion of LUTATHERA. Do not decrease the dose of the amino acid solution if the dose of LUTATHERA is reduced[1]
- Monitor patients for flushing, diarrhea, hypotension, bronchoconstriction, or other signs and symptoms of tumor-related hormonal release[1]



IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Risk of Infertility:** LUTATHERA may cause infertility in males and females. Radiation absorbed by testes 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.

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ADMINISTRATION OF LUTATHERA

- Use aseptic technique and radiation shielding when administering the solution of LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use. Use tongs when handling vial to minimize radiation exposure[1]
- Inspect the vial of LUTATHERA visually for particulate matter and discoloration prior to infusion under a shielded screen. Discard the vial if particulates or discoloration are present[1]
- Confirm the amount of radioactivity of LUTATHERA in the radiopharmaceutical vial with an appropriate dose calibrator prior to and after administering LUTATHERA[1]
- Do not inject LUTATHERA directly into any other intravenous solution[1]
- Infusion is initiated by opening the clamp or starting the pump on the patient's intravenous line, starting the sodium chloride flow into the vial of LUTATHERA[1]

It is recommended to infuse LUTATHERA in 2 phases:

Slow phase:
Infusion rate and time: 50 mL/h to 100 mL/h for 5 to 10 minutes[1]

Fast phase:
Infusion rate and time: 200 mL/h to 300 mL/h for an additional 25 to 30 minutes[1]

The sodium chloride solution entering the vial through the short needle will carry the LUTATHERA from the vial to the patient via the catheter connected to the long needle over a total duration of 30 to 40 minutes.[1]

- During the infusion, ensure that the level of solution in the vial of LUTATHERA remains constant[1]
- Disconnect the vial from the long needle line and clamp the saline line once the level of radioactivity is stable for at least 5 minutes[1]
- Follow the infusion with an intravenous flush of 25 mL of 0.9% sterile sodium chloride[1]

RADIATION DOSE MEASUREMENT

- Injection of LUTATHERA containing 370 MBq/mL (10 mCi/mL) of lutetium Lu 177 dotatate is supplied in a colorless, Type I, glass, 30-mL, single-dose vial containing 7.4 GBq (200 mCi) ± 10% of lutetium Lu 177 dotatate at the time of injection. The solution volume in the vial is adjusted from 20.5 mL to 25 mL to provide a total of 7.4 GBq (200 mCi) of radioactivity.[1]
- Perform measurements using an appropriate dose calibrator[1]

CLEANUP AND WASTE DISPOSAL

- Dispose of any unused medicinal product or waste material in accordance with local and federal laws[1]

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS

The most common Grade 3-4 adverse reactions (≥ 4% with a higher incidence in LUTATHERA arm) observed in NETTER-1 were lymphopenia (44%), increased GGT (20%), vomiting (7%), nausea (5%), elevated AST (5%), increased ALT (4%), hyperglycemia (4%), and hypokalemia (4%).

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HANDLING INSTRUCTIONS

It's important to handle LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use with appropriate safety measures to minimize radiation exposure to health care professionals, patients, and close contacts. You should follow the guidelines from the LUTATHERA Prescribing Information in addition to your institution's radiation safety guidelines whenever handling or administering LUTATHERA[1,2]:

REQUIREMENTS

- Use waterproof gloves[1]
- Use tongs when handling vial to minimize radiation exposure[1]
- Use effective radiation shielding[1]
- Dispose of any unused medicinal product or waste material in accordance with local and federal laws[1]

OTHER CONSIDERATIONS

- Wear a lab coat[6]
- Wear safety glasses[6]

Physical Data	
Gamma constant	0.028 mrem/h per mCi at 1.0 meter (7.636E-6 mSv/h per MBq at 1.0 meter)[7]
Half-life (T½)	Physical T½: 6.647[1] Biological T½[a]: GI: ~1 d; lungs: ~30 d; incorporated fraction (<10%): ~4 y[7] Effective T½: GI: ~0.9 d; lungs: ~6 d; incorporated fraction (<10%): ~6.7 d[7]
Specific activity	1.1E5 Ci/g [4.1E15 Bq/g] maximum[7]

[a]Interpolation from intake retention factors at ~1% remaining, from NUREG/CR-4884 Interpretation of Bioassay Measurements (US Nuclear Regulatory Commission, 1987), p. B-295.

Recommended Shielding[7]		
Photons		
Lead	Half-value layer	0.6 mm (0.02 in)
	Tenth-value layer	2.1 mm (0.08 in)
Betas[a]		
Specific activity	Half-value layer	0.135 cm
The accessible dose rate should be background but must be <2 mR/h		

GI, gastrointestinal.

[a]Calculated based on maximum beta energy; assume beta range = 159 mg/cm^2 and plexiglass density = 1.18 g/cm^3.

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS (continued)

In ERASMUS, the following serious adverse reactions 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.

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SPECIFIC SAFETY INSTRUCTIONS FOR THE USE OF LUTATHERA

REQUIRED SAFETY INSTRUCTIONS

- Always infuse LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use through an intravenous catheter used exclusively for its infusion.[1] Please see the Prescribing Information for additional administration details
- Advise patients to hydrate and urinate frequently during and after administration of LUTATHERA[1]
- Dispose of any unused medicinal product or waste material in accordance with local and federal laws[1]
- Minimize radiation exposure to patients, medical personnel, and household contacts during and after treatment with LUTATHERA consistent with institutional good radiation safety practices, patient management procedures, Nuclear Regulatory Commission patient-release guidance, and instructions to the patient for follow-up radiation protection at home[1]

ADDITIONAL SAFETY CONSIDERATIONS

- It's important to consider using the principles of ALARA (as low as reasonably achievable)—time, distance, and shielding (reducing the manipulation of the vial and using the material already supplied by the manufacturer)—to minimize the radiation dose, especially to the person administering[6]

IMPORTANT SAFETY INFORMATION (continued)

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.

Corticosteroids can induce down-regulation of subtype 2 somatostatin receptors (SSTR2). Avoid repeated administration of high doses of glucocorticosteroids during treatment with LUTATHERA.

SPECIFIC POPULATIONS

- **Lactation:** Because of the potential risk for serious adverse reactions in breastfed infants, advise women not to breastfeed during treatment with LUTATHERA and for 2.5 months after the final dose.

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INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use is indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut and hindgut neuroendocrine tumors in adults.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

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- **Renal Toxicity:** Treatment with LUTATHERA will expose kidneys to radiation, which may impair renal function. In ERASMUS <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 before, during, and after 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 renal toxicity. Do not decrease the dose of amino acid solution if the dose of LUTATHERA is reduced. LUTATHERA has not been studied in patients with severe renal impairment (CrCL < 30 mL/min).
- **Hepatotoxicity:** In ERASMUS, <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 hepatic impairment.
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- **Embryo-Fetal Toxicity:** LUTATHERA can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment and for 7 months after the final dose. Advise males with female partners of reproductive potential to use effective contraception during treatment and for 4 months after the final dose. Verify pregnancy status of females of reproductive potential prior to initiating LUTATHERA.

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LUTATHERA®
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WARNINGS AND PRECAUTIONS (continued)

- **Risk of Infertility:** LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use may cause infertility in males and females. Radiation absorbed by testes 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 (≥ 4% with a higher incidence in LUTATHERA arm) observed in NETTER-1 were lymphopenia (44%), increased GGT (20%), vomiting (7%), nausea (5%), elevated AST (5%), increased ALT (4%), hyperglycemia (4%), and hypokalemia (4%).

In ERASMUS, the following serious adverse reactions 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.

Corticosteroids can induce down-regulation of subtype 2 somatostatin receptors (SSTR2). Avoid repeated administration of high doses of glucocorticosteroids during treatment with LUTATHERA.

SPECIFIC POPULATIONS

- **Lactation:** Because of the potential risk for serious adverse reactions in breastfed infants, advise women not to breastfeed during treatment with LUTATHERA and for 2.5 months after the final dose.

To report SUSPECTED ADVERSE REACTIONS, contact Advanced Accelerator Applications at 1-888-669-6682 or http://www.report.novartis.com, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying full Prescribing Information.

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injection, for intravenous use

ORDERING INFORMATION FOR LUTATHERA

The following information is for educational purposes only. LUTATHERA® (lutetium Lu 177 dotatate) injection for intravenous use may only be ordered through Advanced Accelerator Applications (AAA) Customer Service. Orders can be placed either through the Research Operation Maintenance and Engineering (ROME) platform or by following the instructions listed below.

Ordering

All orders must be made using the approved order form. Orders may be faxed or emailed to the address or number below. To ensure availability, orders should be placed by the Tuesday 2 weeks prior to the product calibration time. Calibration days are Monday to Friday (Tuesday to Friday for Hawaii). AAA does not guarantee a requested product calibration time until the customer receives email confirmation from AAA.

Email: orders-us.aaa@novartis.com or **Fax:** 1-973-272-1112

An online ordering system is currently not available but is planned for the future.

Ordering Confirmation

An order confirmation will be sent to your preferred contact information within 24 hours of placing an order. Please ensure that @novartis.com email addresses are not blocked by your email service.

Cancellation and Returns

Orders may be canceled up to 10 days before the product calibration time at no charge. Late cancellations are accepted prior to the start of production (normally 2 days before the product calibration time) for a fee of $500.

Unused doses may be returned to AAA in accordance with the Product Returns Policy set forth in the Purchase Agreement. Unused dose claims will be charged an unused dose fee of $2000. Unused dose fees will be waived in cases where the patient is no longer eligible for treatment due to pretreatment testing.

Customer Service

For ordering support or general questions, please contact AAA Customer Service at 1-844-DOSE-AAA. AAA Customer Service is available from 9:00 AM to 8:00 PM ET, Monday through Friday.

Pharmacovigilance

Any issues pertaining to product quality or safety should be immediately reported to AAA at http://www.report.novartis.com/.

References: 1. Lutathera [prescribing information]. Millburn, NJ: Advanced Accelerator Applications; 2021. **2.** Hope TA, Abbott A, Colucci K, et al. NANETS/SNMMI procedure standard for somatostatin receptor–based peptide receptor radionuclide therapy with ^{177}Lu-DOTATATE. *J Nucl Med.* 2019;60(7):937-943. **3.** Data on file. Advanced Accelerator Applications. Accessed July 12, 2021. **4.** Davis AB, Pietryka MH, Passalaqua S. Technical aspects and administration methods of ^{177}Lu-DOTATATE for nuclear medicine technologists. *J Nucl Med Technol.* 2019;47(4):288-291. **5.** United States Nuclear Regulatory Commission. Item 19 emergency procedures. Revision 103/08. https://www.nrc.gov/docs/ML0827/ML082750235.pdf. Accessed July 12, 2021. **6.** Abbott A, Sakellis CG, Andersen E, et al. Guidance on ^{177}Lu-DOTATATE peptide receptor radionuclide therapy from the experience of a single nuclear medicine division. *J Nucl Med Technol.* 2018;46(3):237-244. **7.** Data on file. Lutathera. LUTATHERA Material Safety Data Sheet. Advanced Accelerator Applications; July 27, 2021.

INDICATION

LUTATHERA® (lutetium Lu 177 dotatate) is indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut and hindgut neuroendocrine tumors in adults.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Radiation Exposure:** Treatment with LUTATHERA contributes to a patient's overall long-term cumulative 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, patient management procedures, Nuclear Regulatory Commission patient-release guidance, and instructions to the patient for follow-up radiation protection at home.

Please see Important Safety Information on pages 12 and 13, and full Prescribing Information.

Visit hcp.lutathera.com

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