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

LUTATHERA® (lutetium Lu 177 dotatate) **Reimbursement Guide**

Updated July 2020

AAA PatientCONNECT™
www.aaapatientconnect.com
Phone: 1-844-638-7222 | FAX: 1-844-638-7329

*Image is not representative of an actual LUTATHERA vial

Please see Important Safety Information on page 2.
Please see full Prescribing Information.

Advanced Accelerator Applications (AAA), a Novartis Company

AAA is committed to providing you and your facility with information about billing, coding, and reimbursement for LUTATHERA® (lutetium Lu 177 dotatate).

This reimbursement guide has been developed to provide you with information about:

- LUTATHERA Protocol
- Billing and Coding
- Claims Forms
- Prior Authorization
- Financial Assistance for Eligible Patients*

Information on access to LUTATHERA is available for both health care providers and patients through the AAA **Patient**CONNECT™ program.

To speak with a AAA PatientCONNECT™ Patient Navigator, call: 1-844-638-7222

Disclaimer

This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice.

- Laws, regulations, and policies concerning reimbursement are complex and are updated frequently:
  - While AAA has made every effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it.
  - Similarly, all Current Procedural Terminology (CPT®)** and Healthcare Common Procedure Coding System (HCPCS) codes are supplied for informational purposes only, and this information does not represent any statement, promise, or guarantee by AAA about coverage, levels of reimbursement, payment, or charge.
- Consult the payer organization(s) for coverage and reimbursement policies and determination processes.
- Consult with your internal reimbursement specialist for any reimbursement or billing questions specific to your institution.
- 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.

*Restrictions apply. For full terms and conditions, please call AAA **Patient**CONNECT™ at 1-844-638-7222. Patients who are enrolled in any type of government insurance or reimbursement program are not eligible. As a condition precedent of the co-payment support provided under this program, e.g., co-pay refunds, participating patients and pharmacies are obligated to inform insurance companies and third-party payers of any benefits they receive and the value of this program, as required by contract or otherwise. Void where prohibited by law. Patients enrolled in the AAA **Patient**CONNECT™ Patient Assistance Program are not eligible for Co-pay Assistance.

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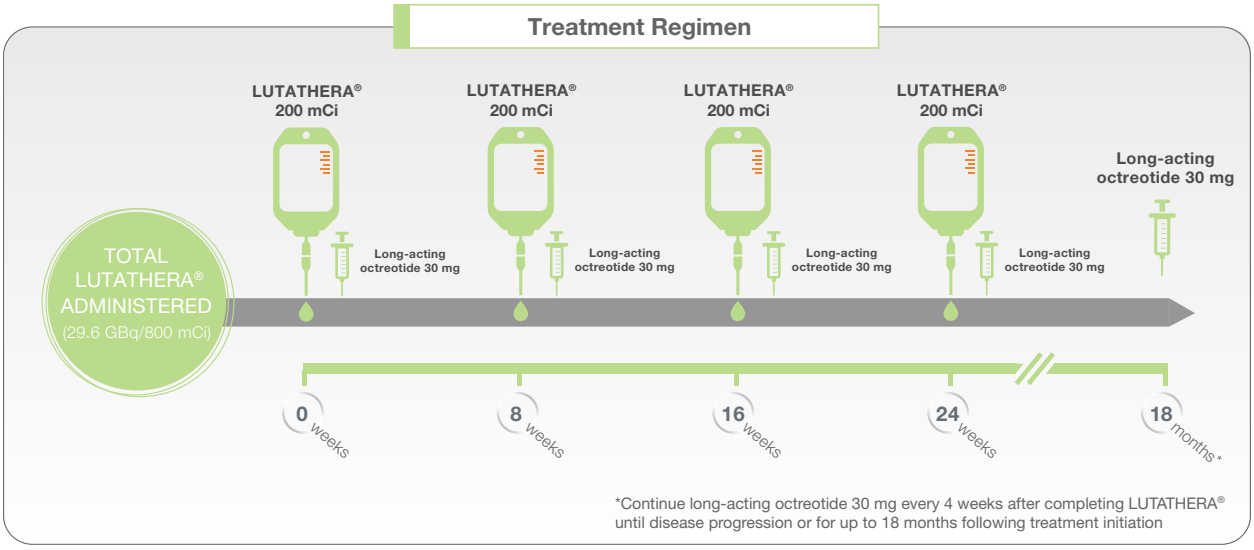
Please see full Prescribing Information.

Dosing Regimen[1]

The recommended LUTATHERA® (lutetium Lu 177 dotatate) dose is 7.4 GBq (200 mCi) every 8 weeks for a total of 4 doses. The LUTATHERA dosing regimen is not weight based. The recommended interval between each administration is 8 weeks, which may be extended up to 16 weeks in the case of a dose modification due to an adverse reaction.

Somatostatin analogs compete with the same receptors as LUTATHERA and may affect the binding of LUTATHERA. Patients should avoid using long-acting somatostatin analogs for at least 4 weeks prior to the LUTATHERA administration. Short-acting somatostatin analogs may be given for symptomatic management prior to the LUTATHERA administration but must be withheld for at least 24 hours before each LUTATHERA dose.

Long-acting octreotide 30 mg intramuscular injection (IM) must be administered between 4 to 24 hours after each LUTATHERA dose. Long-acting octretotide 30 mg IM must be continued every 4 weeks after completing LUTATHERA until disease progression or for up to 18 months following treatment initiation.



INDICATION[1]

LUTATHERA® (lutetium Lu 177 dotatate) 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.

IMPORTANT SAFETY INFORMATION[1]

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.

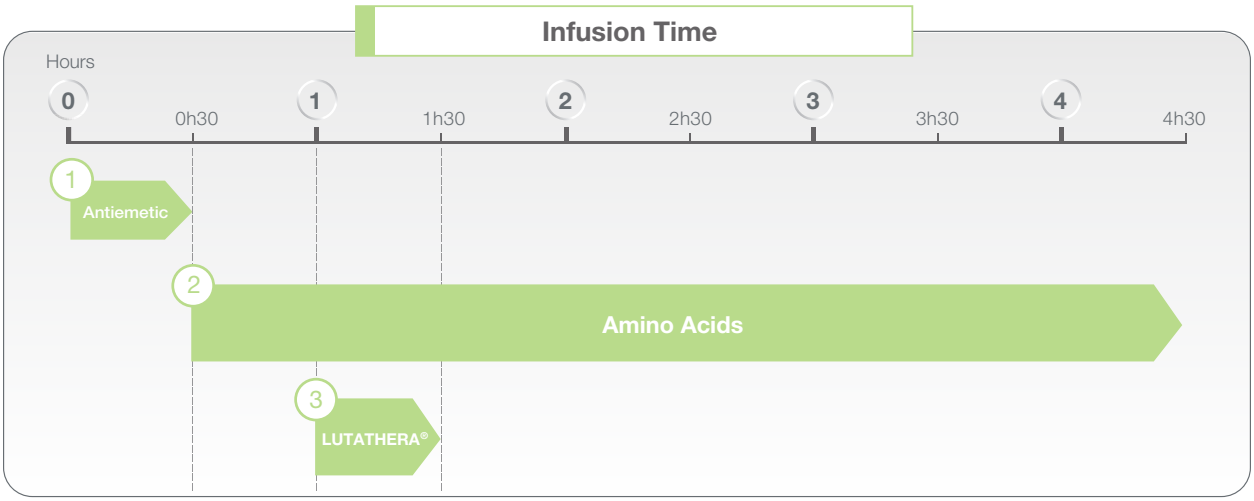
Please see additional Important Safety Information on the next page.
Please see full Prescribing Information.

Administration Procedure[1]

1 **Antiemetics:**
To help address treatment-related nausea and vomiting, antiemetic drugs should be given before the amino acid solution infusion.

2 **Concomitant Amino Acid Infusion:**
Concomitant infusion of an amino acid solution containing sufficient amounts of Lysine HCl and Arginine HCL is required for renal protection. This intravenous amino acid infusion must be initiated 30 minutes before administering LUTATHERA and must be continued during and for at least 3 hours after the LUTATHERA infusion.

3 **LUTATHERA:**
LUTATHERA must be administered by intravenous infusion over approximately 30 to 40 minutes. LUTATHERA must not be injected as a bolus. Please see LUTATHERA Prescribing Information for LUTATHERA administration instructions.



IMPORTANT SAFETY INFORMATION[1]

WARNINGS AND PRECAUTIONS (cont.)

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.

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 I/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.

Please see additional Important Safety Information beginning on page 16.
Please see full Prescribing Information.

Product Information[1]

LUTATHERA® (lutetium Lu 177 dotatate)
NDC: 69488-0003-01

Healthcare Common Procedure Coding System (HCPCS) Codes

The Centers for Medicare & Medicaid Services (CMS) has issued LUTATHERA a Healthcare Common Procedure Coding System (HCPCS) code for LUTATHERA.

HCPCS Code	NDC	Descriptor	Status Indicator	APC
A9513	69488-0003-01	Lutetium Lu 177, dotatate, therapeutic, 1 millicurie	G	9067

- HCPCS code (A9513) descriptor specifies 1 millicurie (1 mCi) as the lowest billable unit.[16] Therefore, the amount of mCi administered should be accurately included on a submitted claim form.

		On and After January 1, 2019*	
Product	Insurer	Code	Description
LUTATHERA	Medicare	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 millicurie
	Private		
Antiemetic	Coding depends on Physician's choice of antiemetic		
Amino Acids	Coding depends on place of procurement and Physician's choice of amino acids		

*Based on date of service

It is the provider's responsibility to determine and submit accurate information on claims and comply with payer coverage, reimbursement, and claim submission rules.

Please see additional Important Safety Information beginning on page 16.
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Current Procedural Terminology (CPT) Codes

CPT codes are the most widely accepted medical nomenclature used to report medical procedures and services under public and private health insurance programs. CPT® is a registered trademark of the American Medical Association.[3]

Health care providers may use CPT codes to report medical services related to the pre-medication and the administration of LUTATHERA®.[3] See accompanying full Prescribing Information for complete information on dosing and administration including, safe handling of radiopharmaceuticals and dose modifications for adverse reactions.

Service*	Code	Description
Administration of LUTATHERA	79101	Radiopharmaceutical therapy, by intravenous administration
Administration of Amino Acids (1st hour) - concomitant infusion	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
Administration of Amino Acid (2nd and subsequent hours) - concomitant infusion	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis; additional hour
Antiemetic - pre-medication to Amino Acid infusion	CPT code(s) will depend upon the type of antiemetics utilized and their route of administration	

*See full prescribing information - included in this brochure - for additional information related to the administration of LUTATHERA

Revenue Codes

CMS 1400 (UB 04) claim form requires documentation of revenue codes associated with services provided to patients. Confirm the appropriate revenue code(s) with the payer. Note that Revenue codes are not required on CMS-1500 / 837P claim forms.[17,18]

The information provided in this document is of a general nature and for informational purposes only; it is not intended to be comprehensive or instructive. Coding and coverage policies periodically and often change without warning. The health care provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. In no way should the information provided in this document be considered a guarantee of coverage or reimbursement for any product or service.

ICD-10 Codes

Accurate coding and classification of your patient's diagnosis and treatment is essential and is the responsibility of the provider.

The table below lists potential ICD-10 patient diagnosis codes which may be considered for LUTATHERA treatment.[4] It is the provider's responsibility to identify the appropriate diagnosis code that is consistent with FDA approved indication for each specific payer.

ICD-10 Code	Description
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.092	Malignant carcinoid tumor of the stomach
C7A.094	Malignant carcinoid tumor of the foregut NOS
C7A.095	Malignant carcinoid tumor of the midgut NOS
C7A.096	Malignant carcinoid tumor of the hindgut NOS
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.04	Secondary carcinoid tumors of peritoneum
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

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Other Coding Considerations

When coding and billing for LUTATHERA® (lutetium Lu 177 dotatate) and drug administration services, providers may also need to report concomitant services or supplies, discarded drug amounts, or modifications to a service. This section reviews some of those additional considerations.

Modifiers[5,6,12]

Modifiers may be used to report or indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. They provide additional information about a service or procedure and help to eliminate the appearance of duplicate billing or unbundling. This could include using modifiers to designate a specific site of service, or to document an interrupted procedure, wasted product, same-day procedure, etc. Please consult applicable CMS manuals to determine whether a modifier may apply.

Partial Additional Hours of Infusion Time[7]

Health care providers should consult CMS manual for guidance on reporting add-on infusion codes when less than a full hour of service is provided. Payers may require the documentation of the infusion start and stop times in the medical record or the inclusion of the actual number of minutes on claims. The time associated with interruptions in the infusion process (i.e., when drug is not flowing, IV saline to keep a line open with no drug flowing) may not count toward billable infusion time.

Consult with your internal reimbursement specialist for any reimbursement or billing questions specific to your institution. The existence of billing and coding information in this guide does not guarantee coverage and payment.

Hospital Outpatient Department Sample Claim Form: CMS UB-04

A Patient Specific Information

Include all relevant patient specific information such as name, address, insurance information, etc.

B Provided Service(s) Information

LUTATHERA®:

- Effective January 1, 2019, CMS has issued LUTATHERA a HCPCS code (A9513).
- A9513 descriptor specifies 1 millicurie (1 mCi) as the lowest billable unit.[1] Therefore, number of mCi's may be included on a submitted claim form.

Amino Acid (Concomitant Drug):

- HCPCS for the Amino Acid solution may vary based on the type of the Amino Acids used.
- Consult CMS manual to report the administration of Amino Acids, as the health care provider may need to report 1st hour of administration separately from subsequent hours.

Antiemetics (Pre-medication):

- The health care provider may choose the appropriate antiemetics and mode of administration according to the patient's case.
- The CPT codes associated with the Antiemetics administration may vary based on mode of administration.

C ICD-10 Codes

Refer to the ICD-10 codes included on page 6 of this reimbursement guide.

D Procedure Codes

Enter principal ICD-10-PCS procedure code.

E Remarks and Notes

Consult the payer if additional information may be required in comments field.

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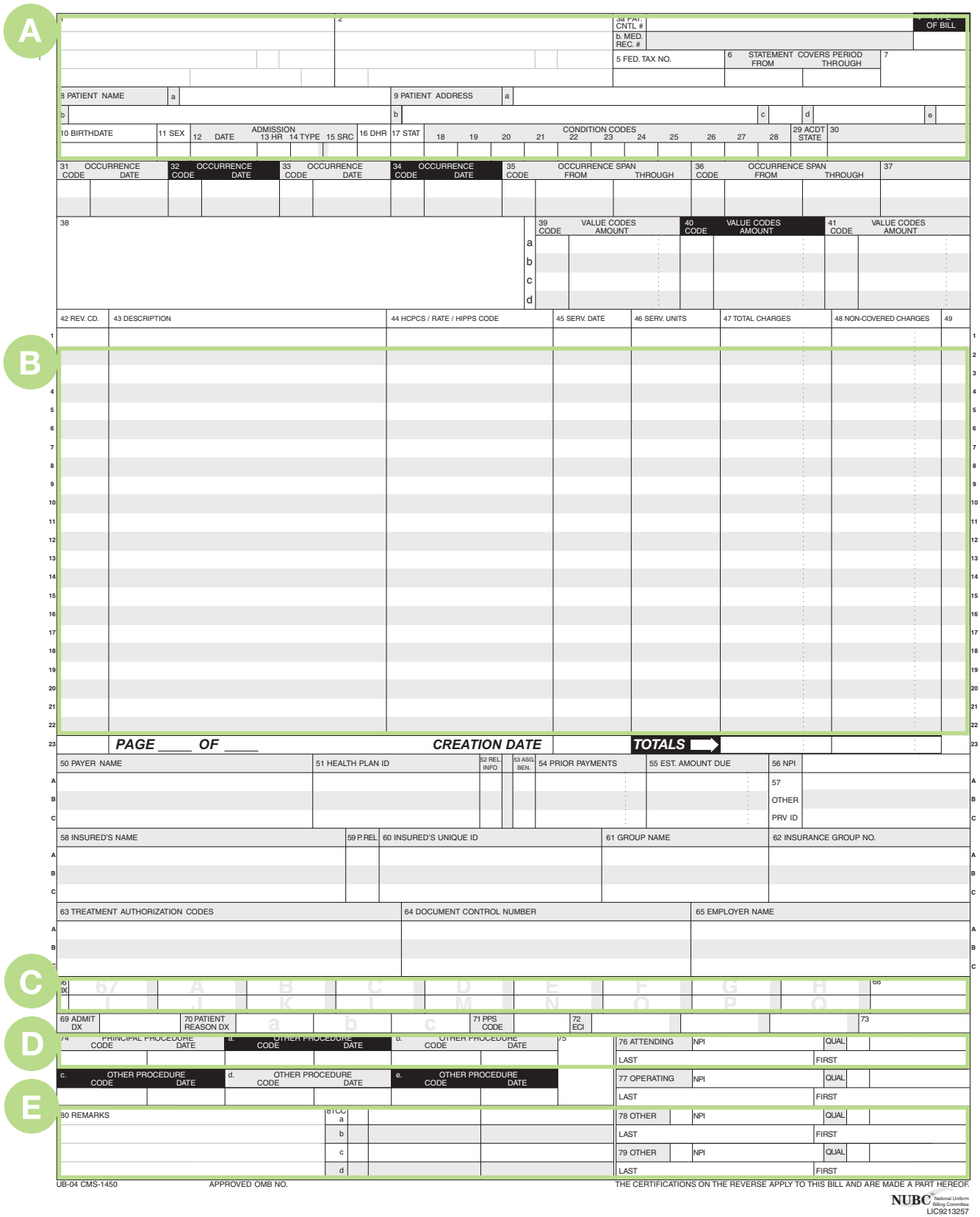
The existence of billing codes does not guarantee coverage and payment.

Sample UB-04 Claim Form



Please see additional Important Safety Information beginning on page 16.
Please see full Prescribing Information.

Free Standing / Physician Office Sample Claim Form: CMS-1500

A Patient Specific Information
Include all relevant patient specific information such as name, address, insurance information, etc.

B Physician Information
Include all relevant physician information such as name, address, NPI, etc.

C Remarks and Notes
Consult the payer if additional information may be required in comments field.

D ICD-10 Codes
Refer to the ICD-10 codes included on page 6 of this reimbursement guide.

E Provided Service(s) Information

LUTATHERA:

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- A9513 descriptor specifies 1 millicurie (1 mCi) as the lowest billable unit. Therefore, number of mCi's may be included on a submitted claim form.

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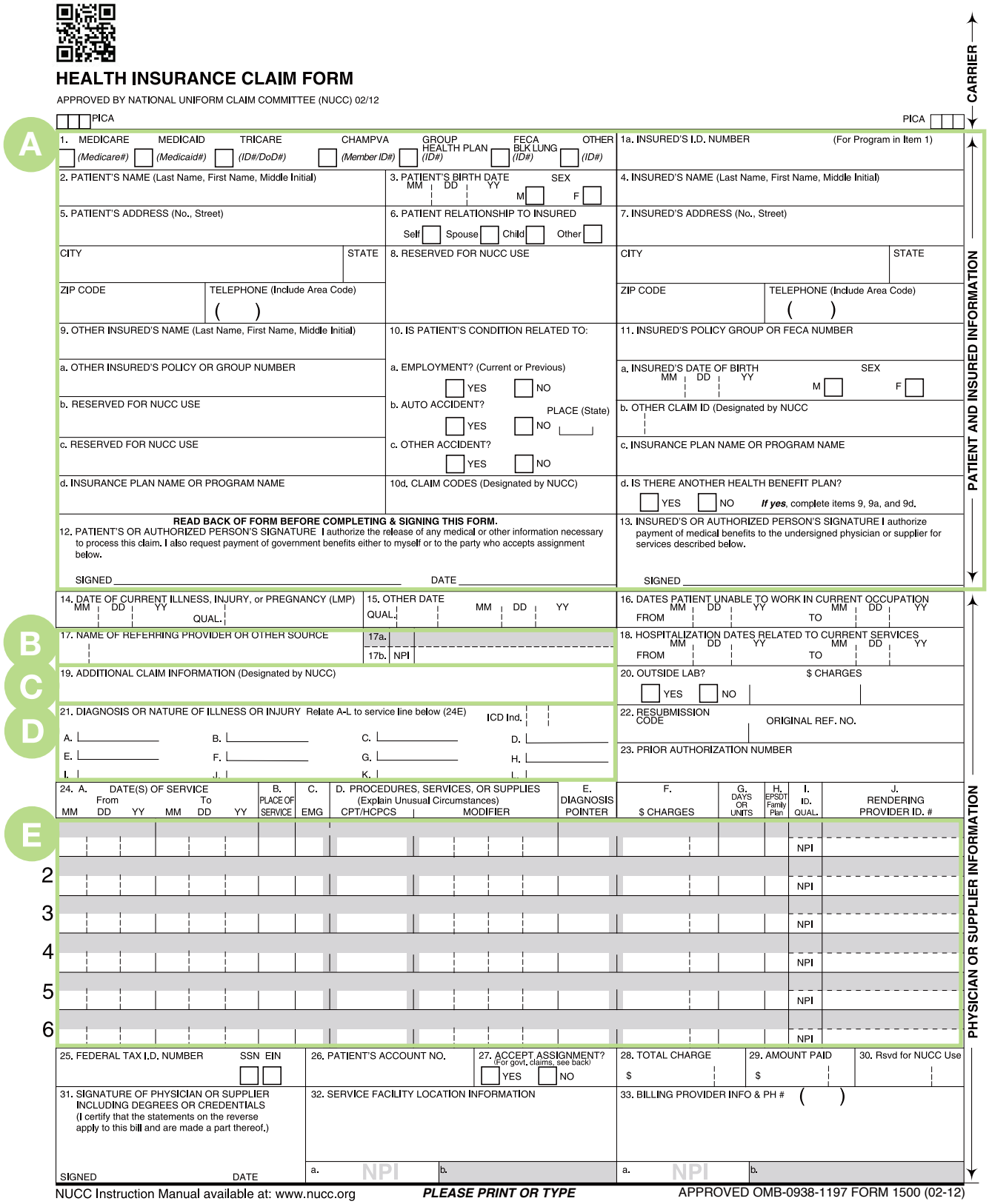
Sample CMS-1500 Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

A B C D E 2 3 4 5 6

Please see additional Important Safety Information beginning on page 16.
Please see full Prescribing Information.

Prior Authorization

It is important to review a payer's guidelines when obtaining a prior authorization, as these may differ by payer, the medication being prescribed, and other factors. The following may be necessary to obtain a prior authorization:

Completed prior authorization request form (if required by the payer)

- Some payers may require specific forms to be completed for certain medications or therapeutic areas — always verify that the correct form is completed.

Letter of medical necessity

- Be sure to note the proposed treatment plan and include the Provider ID number in the letter.

Documentation that supports the treatment decision, such as:

- Previously given treatments/therapies
- Patient clinical notes detailing the relevant diagnosis
- Relevant laboratory results
- Product Prescribing Information/FDA product labeling

It may be necessary to provide the following information when requesting a prior authorization:

- Patient information including: name, insurance policy number, and date of birth
- Physician information including: name and tax ID number
- Facility information including: name and tax ID number
- Setting of care
- Date of service
- Patient diagnosis and relevant ICD-10 code(s)
- Patient clinical notes detailing the relevant diagnosis
- Relevant CPT and HCPCS codes for services/products to be performed or provided

It is the provider's responsibility to determine and submit accurate information on claims and comply with payer coverage, reimbursement, and claim submission rules.

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LUTATHERA® Treatment Checklist:

Consider documenting the following information, as it may be required by the payer. Consult with the payer for required documentation:

Prior to LUTATHERA treatment*

- ✓ Specific diagnosis for the disease
- ✓ Histology to support diagnosis
- ✓ Relevant prior imaging for tumor localization
- ✓ Extent of the disease
- ✓ All relevant laboratory tests
- ✓ Dose order in the treatment cycle (ex. 1st, 2nd, 3rd, or 4th dose)
- ✓ Informed consent from the patient after a detailed discussion that includes both oral and written instructions, review of reasons for treatment, risk of treatment, necessary precautions to be taken, and radiation safety procedures

*Some of these items may be required during the prior authorization process

During LUTATHERA treatment

- ✓ Pre-medication of the patient with antiemetics
  - If IV formulation is used, start and stop times of antiemetic administration
- ✓ Start time of amino acid infusion and the individual who administered the solution
- ✓ The start time for LUTATHERA administration and the individual who administered the treatment

After LUTATHERA treatment

- ✓ The completion time and total duration of amino acid infusion
- ✓ LUTATHERA dose administered and the route of administration
- ✓ Documentation of administration or referral for long-acting octreotide treatment (see full Prescribing Information for details)
- ✓ Discharge instructions for the patient

Consult the payer organization(s) for coverage and reimbursement policies and determination processes.

Consult with your internal reimbursement specialist for any reimbursement or billing questions specific to your institution.

Please see additional Important Safety Information beginning on page 16.
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Claim Submission

Providers should confirm the appropriate coverage, coding, and reimbursement with the applicable payer or claims processor before submitting claims for an item or service. Providers must ensure that all claims submitted to payers are accurate, complete, and adequately supported by documentation in the medical record.

Payers differ on guidelines and criteria required for billing an office visit on the same day as hospital outpatient services. It is important to verify appropriate coding with a patient's health insurance plan before submitting the claim form for reimbursement. Additional information required by the payer may include, but not limited to:

- ✓ LUTATHERA Prescribing Information
- ✓ FDA approval letter for LUTATHERA
- ✓ Patient medical history/medical notes
- ✓ Letter of medical necessity
- ✓ Invoice for LUTATHERA
- ✓ National Drug Code (NDC) for LUTATHERA (Medicaid Fee For Service (FFS) and/or commercial payers)
- ✓ Prior Authorization, if needed

AAA PatientCONNECT™

AAA **Patient**CONNECT™ provides services that may support your patient's access to LUTATHERA® (lutetium Lu 177 dotatate) treatment.

This includes:

- Insurance Benefits Verification
- Prior Authorization Eligibility Check
- Financial Assistance for Eligible Patients*

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Patient Financial Assistance

Uninsured Patient Assistance and Commercial Insured Patient Co-pay Assistance*

Enrolling and Accessing Financial Assistance for your Patient

Enrolling your patient in AAA **Patient**CONNECT™ is a simple 3 step process:

Step 1: Access the Enrollment Form

Enrollment forms for AAA **Patient**CONNECT™ may be accessed online at www.aaapatientconnect.com, by calling 1-844-638-7222 Monday-Friday from 8AM-8PM EST, or by speaking with your local AAA representative.

Step 2: Complete the Enrollment Form

Complete all required sections of the enrollment forms (online or hard-copy).

Step 3: Sign and Send the Enrollment Form

Both you and your patient must sign the enrollment form prior to submitting it to AAA **Patient**CONNECT™ by fax at 1-844-638-7329. Electronic signature capture is possible for both you and your patients.

For questions, please contact AAA PatientCONNECT™ at 1-844-638-7222

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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.
- **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.
- **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 I/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.
- **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.
- **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.

Please see continuing Important Safety Information on next page.
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IMPORTANT SAFETY INFORMATION (cont.)[1]

- **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.
- **Risk of Infertility:** LUTATHERA may cause infertility in males and females. Radiation absorbed by testis and ovaries from the recommended cumulative LUTATHERA dose falls within the range in which temporary or permanent infertility 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 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

References:

1. LUTATHERA® [prescribing information]. Millburn, NJ: Advanced Accelerator Applications USA, Inc.; May 2020.
2. Cms.gov. (2018). *2018 Alpha-Numeric HCPCS File - Centers for Medicare & Medicaid Services.* [online] Available at: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2018-Alpha-Numeric-HCPCS-File.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending [Accessed 24 Oct. 2018].
3. Ama-assn.org. (2019). *CPT*® (*Current Procedural Terminology*) | *American Medical Association*. [online] Available at: https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology [Accessed March 1, 2020].
4. ICD-10-CM, 2018. (2017). CHICAGO: AMER MEDICAL ASSOCIATION.
5. Cms.gov. (2017). *Medicare Claims Processing Manual Chapter 4 - Part B Hospital*. [online] Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c04.pdf [Accessed 24 Oct. 2018].
6. Cms.gov. (2017). *Medicare Claims Processing Manual Chapter 17 - Drugs and Biologicals*. [online] Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf [Accessed 24 Oct. 2018].
7. Cms.gov. (2018). *Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners*. [online] Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf [Accessed 24 Oct. 2018].
8. Cms.gov. (2013). *Transmittal 2845*. [online] Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2845CP.pdf [Accessed 24 Oct. 2018].
9. CMS Medicare Learning Networking (MLN) Matters Number: MM10417 [Accessed 7 Jan. 2018].
10. CMS Manual System Pub 100-04 Medicare Claims Processing, Transmittal 4075 [Accessed 5 Jun. 2018].
11. CMS Addendum B effective July 2018.
12. Cms.gov. (2018). *Medicare-FFS Program - Billing 340B Modifiers under the Hospital Outpatient Prospective Payment System (OPPS)*. [online] Available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Billing-340B-Modifiers-under-Hospital-OPPS.pdf [Accessed 1 Aug. 2018].
13. Cms.gov. (2015). *Process and Information Required to Determine Eligibility of Drugs, Biologicals, and Radiopharmaceuticals for Transitional Pass-Through Status under the Hospital Outpatient Prospective Payment System (OPPS).* [online] Available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/drugapplication.pdf [Accessed 24 Oct. 2018].
14. Gpo.gov. (2012). *Centers for Medicare & Medicaid Services, HHS*. [online] Available at: https://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol3/pdf/CFR-2012-title42-vol3-sec419-64.pdf [Accessed 24 Oct. 2018].
15. Cms.gov. (2018). *July 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)*. [online] Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNmattersArticles/downloads/MM10781.pdf [Accessed 24 Oct. 2018].
16. CMS.gov. (2019). *CMS-1695-FC*. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html [Accessed 8 Nov. 2018].
17. CMS Manual System Pub 100-04 Medicare Claims Processing, Transmittal 167 [Accessed 1 Dec. 2018].
18. CMS Manual System Pub 100-04 Medicare Claims Processing, Transmittal 81 [Accessed 1 Dec. 2018].

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LUTATHERA®
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