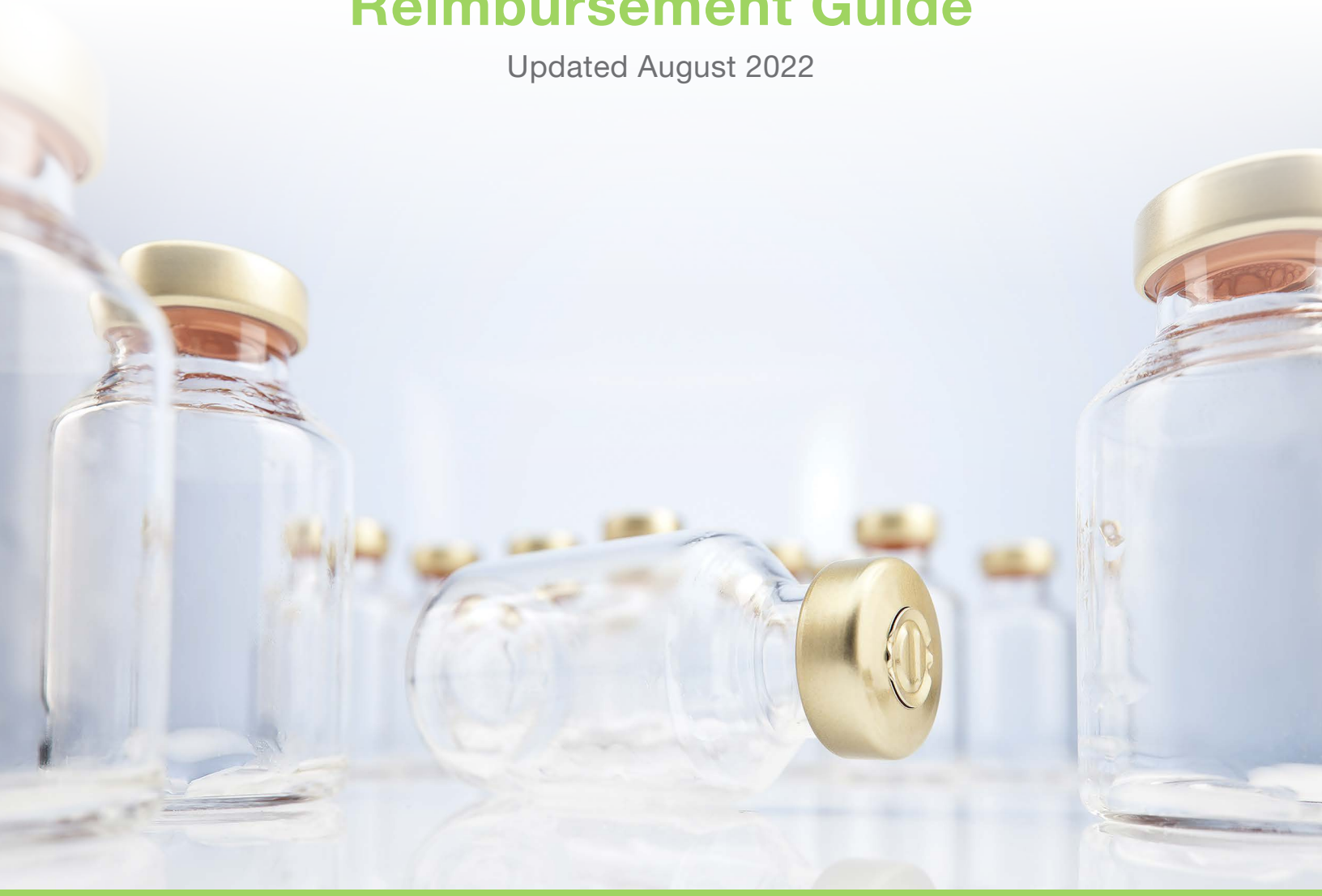
LUTATHERA®
(lutetium Lu 177 dotatate)
injection, for intravenous use

Reimbursement Guide

Updated August 2022



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 pages 18-19 and full Prescribing Information.

Advanced Accelerator Applications, a Novartis Company

Advanced Accelerator Applications (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 administration protocol
- Billing and coding
- Claim 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 an 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 local or actual 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 copayment support provided under this program (eg, 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.

Please see Important Safety Information on pages 17-18 and full Prescribing Information.

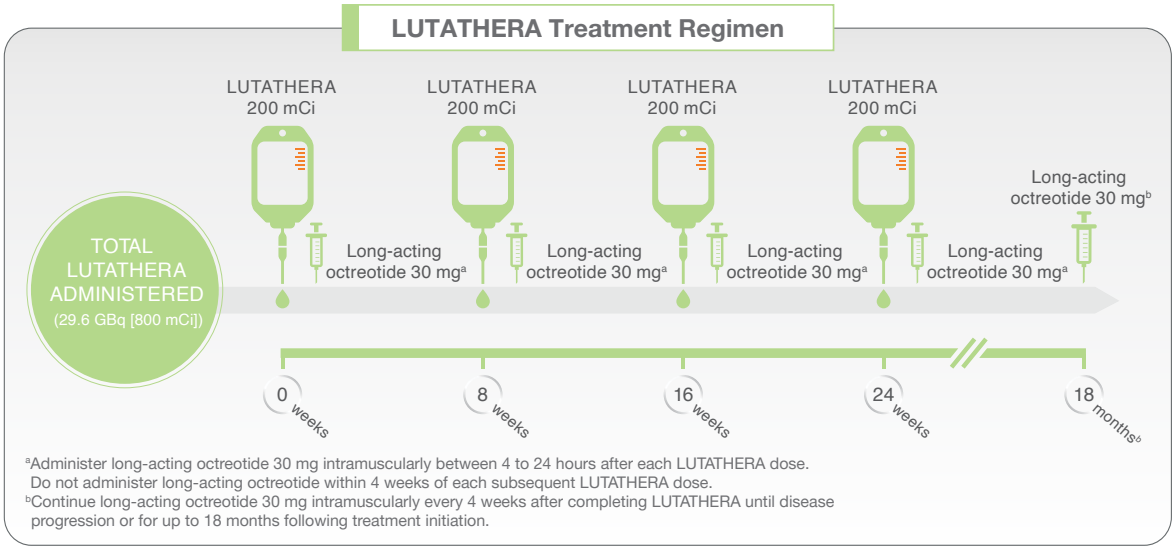
LUTATHERA Regimen and Administration Procedures[1]

The 4-dose LUTATHERA regimen may be completed in 24 weeks* from treatment initiation

The recommended LUTATHERA® (lutetium Lu 177 dotatate) dose is 7.4 GBq (200 mCi) intravenously, every 8 weeks, for a total of 4 doses.

- The LUTATHERA dose should be modified based on hematologic, renal, hepatic, or other adverse reactions (see full Prescribing Information)
  - For dose administration instructions including reduced dose administration instructions, refer to section 2.5 (Preparation and Administration) of the full Prescribing Information
- Discontinue long-acting somatostatin analogs for at least 4 weeks prior to initiating LUTATHERA
- Administer short-acting octreotide as needed for symptom management; discontinue at least 24 hours prior to initiating LUTATHERA

*Withhold, reduce dose, or permanently discontinue based on severity of adverse reactions. Refer to the recommended dose modifications for adverse reactions in Table 2 of the full Prescribing Information.



[a]Administer long-acting octreotide 30 mg intramuscularly between 4 to 24 hours after each LUTATHERA dose. Do not administer long-acting octreotide within 4 weeks of each subsequent LUTATHERA dose.
[b]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.

Administer premedications and concomitant medications as recommended in the 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.

Please see additional Important Safety Information on pages 17-18 and full Prescribing Information.

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

Premedications and Concomitant Medications

1 Antiemetics

To help address treatment-related nausea and vomiting, administer antiemetics before the recommended amino acid solution.[1,2]

2 Concomitant Amino Acid Infusion[1]

Concomitant infusion of an amino acid solution containing indicated amounts of L-lysine HCl and L-arginine HCl is required for renal protection. This intravenous amino acid infusion must be initiated 30 minutes before administering LUTATHERA® (lutetium Lu 177 dotatate) and must be continued during and for at least 3 hours after the LUTATHERA infusion.[2] **Do not decrease the dose of the amino acid solution if the dose of LUTATHERA is reduced.**

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

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

3 LUTATHERA Infusion Time[1]

LUTATHERA is administered by intravenous infusion over approximately 30 to 40 minutes (gravity method). **It is important to read the full Prescribing Information for LUTATHERA for complete information on dosing and administration, including safe handling of radiopharmaceuticals and dose modifications for adverse reactions.**

Long-acting octreotide 30 mg intramuscularly between 4 to 24 hours after each dose of LUTATHERA

[c]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.[2]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Myelosuppression:** In the NETTER-1 clinical trial, myelosuppression occurred more frequently in patients receiving LUTATHERA with long-acting octreotide compared with patients receiving high-dose long-acting octreotide (all grades/grade 3 or 4): anemia (81%/0 vs 54%/1%), thrombocytopenia (53%/1% vs 17%/0), and neutropenia (26%/3% vs 11%/0). In NETTER-1, platelet nadir occurred at a median of 5.1 weeks following the first dose. Of the 59 patients who developed thrombocytopenia, 68% had platelet recovery to baseline or normal levels. The median time to platelet recovery was 2 months. Fifteen of the 19 patients in whom platelet recovery was not documented had post-nadir platelet counts. Among these 15 patients, 5 improved to grade 1, 9 to grade 2, and 1 to grade 3. Monitor blood cell counts. Withhold, reduce dose, or permanently discontinue based on severity of myelosuppression.

Please see additional Important Safety Information on pages 17-18 and full Prescribing Information.

Product Information[1]

LUTATHERA® (lutetium Lu 177 dotatate)
Dosage Form: Injection
National Drug Code: 69488-003-01

Reimbursement Components: Coding[3]

HCPCS Codes

The Centers for Medicare & Medicaid Services (CMS) has issued LUTATHERA® (lutetium Lu 177 dotatate) a HCPCS code effective January 1, 2019.

HCPCS Code	National Drug Code	Descriptor	Ambulatory Payment Classification
A9513	69488-003-01	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	9067

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

Product	Insurer	Code	Description (On and After January 1, 2019[a])
LUTATHERA	Medicare	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
	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		

[a]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.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Secondary Myelodysplastic Syndrome and Leukemia:** In NETTER-1, with a median follow-up time of 76 months in the main study, myelodysplastic syndrome (MDS) was reported in 2.3% of patients receiving LUTATHERA with long-acting octreotide compared with no patients receiving high-dose long-acting octreotide. In ERASMUS, a phase 2 clinical study, 16 patients (2.0%) developed MDS and 4 (0.5%) developed acute leukemia. The median time to onset was 29 months (range, 9-45 months) for MDS and 55 months (range, 32-125 months) for acute leukemia.

Please see additional Important Safety Information on pages 17-18 and full Prescribing Information.

Reimbursement Components: Coding[3]

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.[4]

Health care providers may use CPT codes to report medical services related to the premedication and administration of LUTATHERA® (lutetium Lu 177 dotatate).[4] See accompanying full Prescribing Information for complete information on dosing and administration, including safe handling of radiopharmaceuticals and dose modifications for adverse reactions.

Service[a]	Code	Description
Administration of LUTATHERA	79101	Radiopharmaceutical therapy, by intravenous administration
Administration of amino acids (first h): concomitant infusion	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
Administration of amino acids (second h and subsequently): concomitant infusion	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis; additional hour
Antiemetic: premedication to amino acid infusion	CPT code(s) will depend upon the type of antiemetic utilized and their route of administration	

[a]Please see accompanying full Prescribing Information in the pocket.

Revenue Codes

The CMS-1450 (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.[5,6]

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.

LUTATHERA ICD-10-CM Codes[7]

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

The table below lists potential International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) patient diagnosis codes that may be considered for LUTATHERA® (lutetium Lu 177 dotatate) treatment. It is the provider's responsibility to identify the appropriate diagnosis code that is consistent with the US Food and Drug Administration (FDA)-approved indication for each specific payer.

ICD-10-CM 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

LUTATHERA is indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors in adults. Information in this guide does not represent any statement, promise, or guarantee by AAA about coverage, levels of reimbursement, payment, or charge.

NOS, not otherwise specified.

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[8-10]

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[11]

Health care providers should consult CMS manuals 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 (eg, when drug is not flowing, intravenous 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.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Renal Toxicity:** In ERASMUS, 8 patients (<1%) developed renal failure 3 to 36 months following LUTATHERA. Two of these patients had underlying renal impairment or risk factors for renal failure (eg, diabetes or hypertension) and required dialysis. Administer the recommended amino acid solution before, during, and after LUTATHERA to decrease reabsorption of lutetium Lu 177 dotatate through the proximal tubules and decrease the radiation dose to the kidneys. Do not decrease the dose of the amino acid solution if the dose of LUTATHERA is reduced. Advise patients to urinate frequently during and after administration of LUTATHERA. Monitor serum creatinine and calculated creatinine clearance. Withhold, reduce dose, or permanently discontinue LUTATHERA based on severity of renal toxicity. 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. LUTATHERA has not been studied in patients with severe renal impairment (creatinine clearance <30 mL/min).
- **Hepatotoxicity:** In ERASMUS, 2 patients (<1%) were reported to have hepatic tumor hemorrhage, edema, or necrosis, with 1 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 LUTATHERA based on severity of hepatic impairment.

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® (lutetium Lu 177 dotatate) a HCPCS code (A9513)
- The A9513 descriptor specifies millicurie as the lowest billable unit.[3] Therefore, the number of millicuries may be included on a submitted claim form

Amino Acid (Concomitant Drug)

- The HCPCS code for the amino acid solution may vary based on the types of amino acids used
- Consult the CMS manual to report the administration of amino acids, as the health care provider may need to report the first hour of administration separately from subsequent hours

Antiemetics (Premedication)

- 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 antiemetic administration may vary based on mode of administration

C ICD-10-CM Codes

Refer to the ICD-10-CM codes included on page 8 of this reimbursement guide.

D Procedure Codes

Enter principal ICD-10-Procedure Code System procedure code.

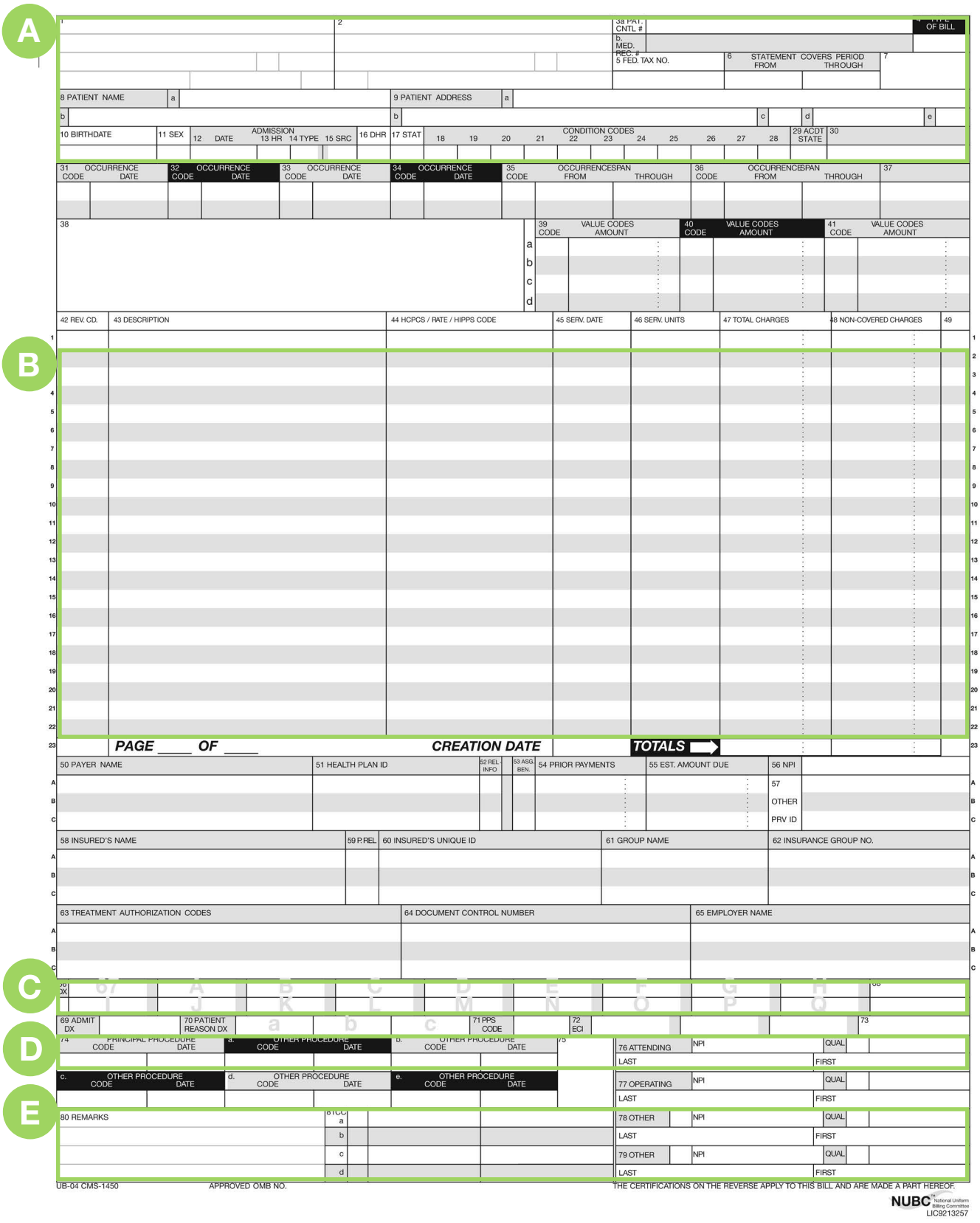
E Remarks and Notes

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

Information in this guide does not represent any statement, promise, or guarantee by AAA about coverage, levels of reimbursement, payment, or charge.

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

Sample UB-04 Claim Form



Please see Important Safety Information on pages 17-18 and full Prescribing Information.

Freestanding/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, National Provider Identifier, etc.

C Remarks and Notes

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

D ICD-10-CM Codes

Refer to the ICD-10-CM codes included on page 8 of this reimbursement guide.

E Provided Service(s) Information

LUTATHERA

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Sample CMS-1500 Claim Form

HEALTH INSURANCE CLAIM FORM

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

PICA

PICA

CARRIER

A

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 _____

PATIENT AND INSURED INFORMATION

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

B

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

C

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

D

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

E

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	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN OR SUPPLIER INFORMATION

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)

Please see Important Safety Information on pages 17-18 and 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 identification (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-CM 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.

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

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® (lutetium Lu 177 dotatate) 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 (eg, first, second, third, or fourth 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

During LUTATHERA treatment*

- ✓ Premedication of the patient with antiemetics
  - If intravenous 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.

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

Please see Important Safety Information on pages 17-18 and full Prescribing Information.

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 may not be limited to:

- ✓ LUTATHERA® (lutetium Lu 177 dotatate) Prescribing Information
- ✓ FDA approval letter for LUTATHERA
- ✓ Patient medical history/medical notes
- ✓ Letter of medical necessity
- ✓ Invoice for LUTATHERA
- ✓ National Drug Code for LUTATHERA (Medicaid Fee-for-Service and/or commercial payers)
- ✓ Prior authorization, if needed

AAA PatientCONNECT

AAA **Patient**CONNECT provides services that may support your patient's access to LUTATHERA treatment.

Patient Financial Assistance

Commercial Patient Co-Pay Assistance

- AAA **Patient**CONNECT may provide **co-pay assistance** for LUTATHERA treatment to patients who have commercial insurance and meet certain eligibility criteria*

Uninsured and Underinsured Patients

- If a patient does not have insurance, is underinsured, has insurance yet still cannot afford, or otherwise cannot afford their LUTATHERA treatment, there may be an option for them. All patients must enroll through AAA **Patient**CONNECT at www.aaapatientconnect.com

Other Assistance

- Insurance benefits verification
- Prior authorization eligibility check

*Eligibility criteria include patient has commercial insurance and certifies that they do not have any government insurance; treatment is being provided in an outpatient setting; and permanent residency in the United States, including any of its territories, or the District of Columbia.

Patient Financial Assistance

Commercially Insured Patient Co-Pay Assistance†

Enrolling and Accessing Financial Assistance for Your Eligible 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 through Friday, 8:00 AM to 8:00 PM ET; or by speaking with your local AAA representative.

Step 2: Complete the enrollment form

Complete all required sections of the enrollment form (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 patient.

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

†Some 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 copayment support provided under this program (eg, 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, or restricted. Patients enrolled in the AAA **Patient**CONNECT Patient Assistance Program are not eligible for co-pay assistance.

Please see Important Safety Information on pages 17-18 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.
- **Myelosuppression:** In the NETTER-1 clinical trial, myelosuppression occurred more frequently in patients receiving LUTATHERA® (lutetium Lu 177 dotatate) with long-acting octreotide compared with patients receiving high-dose long-acting octreotide (all grades/grade 3 or 4): anemia (81%/0 vs 54%/1%), thrombocytopenia (53%/1% vs 17%/0), and neutropenia (26%/3% vs 11%/0). In NETTER-1, platelet nadir occurred at a median of 5.1 weeks following the first dose. Of the 59 patients who developed thrombocytopenia, 68% had platelet recovery to baseline or normal levels. The median time to platelet recovery was 2 months. Fifteen of the 19 patients in whom platelet recovery was not documented had post-nadir platelet counts. Among these 15 patients, 5 improved to grade 1, 9 to grade 2, and 1 to grade 3. Monitor blood cell counts. 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 76 months in the main study, myelodysplastic syndrome (MDS) was reported in 2.3% of patients receiving LUTATHERA with long-acting octreotide compared with no patients receiving high-dose long-acting octreotide. In ERASMUS, a phase 2 clinical study, 16 patients (2.0%) developed MDS and 4 (0.5%) developed acute leukemia. The median time to onset was 29 months (range, 9-45 months) for MDS and 55 months (range, 32-125 months) for acute leukemia.
- **Renal Toxicity:** In ERASMUS, 8 patients (<1%) developed renal failure 3 to 36 months following LUTATHERA. Two of these patients had underlying renal impairment or risk factors for renal failure (eg, diabetes or hypertension) and required dialysis. Administer the recommended amino acid solution before, during, and after LUTATHERA to decrease reabsorption of lutetium Lu 177 dotatate through the proximal tubules and decrease the radiation dose to the kidneys. Do not decrease the dose of the amino acid solution if the dose of LUTATHERA is reduced. Advise patients to urinate frequently during and after administration of LUTATHERA. Monitor serum creatinine and calculated creatinine clearance. Withhold, reduce dose, or permanently discontinue LUTATHERA based on severity of renal toxicity. 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. LUTATHERA has not been studied in patients with severe renal impairment (creatinine clearance <30 mL/min).
- **Hepatotoxicity:** In ERASMUS, 2 patients (<1%) were reported to have hepatic tumor hemorrhage, edema, or necrosis, with 1 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 LUTATHERA based on severity of hepatic impairment.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, occurred in patients treated with LUTATHERA® (lutetium Lu 177 dotatate). Monitor patients closely for signs and symptoms of hypersensitivity reactions, including anaphylaxis, during and after LUTATHERA administration for a minimum of 2 hours in a setting in which cardiopulmonary resuscitation medication and equipment are available. Discontinue the infusion at the first observation of any signs or symptoms consistent with a severe hypersensitivity reaction and initiate appropriate therapy. Premedicate patients with a history of grade 1 or 2 hypersensitivity reactions to LUTATHERA before subsequent doses. Permanently discontinue LUTATHERA in patients who experience grade 3 or 4 hypersensitivity reactions.
- **Neuroendocrine Hormonal Crisis:** Neuroendocrine hormonal crisis, manifesting with flushing, diarrhea, bronchospasm, and hypotension, occurred in <1% of patients in ERASMUS and typically occurred during or within 24 hours following the initial LUTATHERA dose. Two (<1%) patients were reported to have hypercalcemia. Monitor patients for flushing, diarrhea, hypotension, bronchoconstriction, or other signs and symptoms of tumor-related hormonal release. Administer intravenous somatostatin analogues, fluids, corticosteroids, and electrolytes as indicated.
- **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 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 to 4 adverse reactions (≥4% with a higher incidence in the LUTATHERA arm) observed in NETTER-1 were lymphopenia (44%), increased gamma-glutamyl transferase (20%), vomiting (7%), nausea (5%), elevated aspartate aminotransferase (5%), increased alanine aminotransferase (4%), hyperglycemia (4%), and hypokalemia (4%).

In ERASMUS, the following serious adverse reactions have been observed with a median follow-up time of >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 analogues competitively bind to somatostatin receptors and may interfere with the efficacy of LUTATHERA. Discontinue long-acting somatostatin analogues 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 downregulation of subtype 2 somatostatin receptors. 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.

References

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

AAA PatientCONNECT

www.aaapatientconnect.com
8:00 AM to 8:00 PM ET | Monday through Friday

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Fax: 1-844-638-7329

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Advanced Accelerator Applications USA, Inc.
57 East Willow Street, Millburn, NJ 07041

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