



ADMINISTRATION GUIDE

Step-by-step instructions and important considerations

This guide is intended to be an educational tool for all staff members involved in the administration of BEXLUTRY and includes the following:

-  BEXLUTRY dosing schedule and infusion timing
-  Administration preparation for before, during, and after treatment
-  Quick administration summary

INDICATIONS AND USAGE

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

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Myelosuppression:** In NETTER-1, myelosuppression occurred more frequently in patients receiving lutetium Lu 177 dotatate injection with long-acting octreotide compared to patients receiving high-dose long-acting octreotide (all Grades/Grade 3 or 4): anemia (81%/0) versus (54%/1%); thrombocytopenia (53%/1%) versus (17%/0); and neutropenia (26%/3%) versus (11%/0). In NETTER-1, platelet nadir occurred at a median of 5.1 months 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 nineteen 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 dose, reduce dose, or permanently discontinue Bexlutry based on the severity of myelosuppression.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

WHAT IS BEXLUTRY?



BEXLUTRY (lutetium Lu 177 dotatate injection) is a radioligand equivalent (RLE) that delivers targeted radiation to treat adults with somatostatin receptor (SSTR)–positive (SSTR+) gastroenteropancreatic neuroendocrine tumors (GEP-NETs)¹⁻³



BEXLUTRY should be used only by or under the supervision of healthcare providers who are qualified and licensed by the appropriate governmental agency for the safe use and handling of radioligand therapies¹

Follow your institution's radiation safety practices, patient management procedures, Nuclear Regulatory Commission patient-release guidance, and patient follow-up instructions for radiation protection at home.¹

This guide will provide practical information about the administration of BEXLUTRY, including **BEFORE**, **DURING**, and **AFTER** treatment requirements and recommendations.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Secondary Myelodysplastic Syndrome (MDS) 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 lutetium Lu 177 dotatate injection with long-acting octreotide compared to no patients receiving high-dose long-acting octreotide.

In ERASMUS, 16 patients (2.0%) developed MDS and 4 (0.5%) developed acute leukemia. The median time to onset was 29 months (9 to 45 months) for MDS and 55 months (32 to 125 months) for acute leukemia.

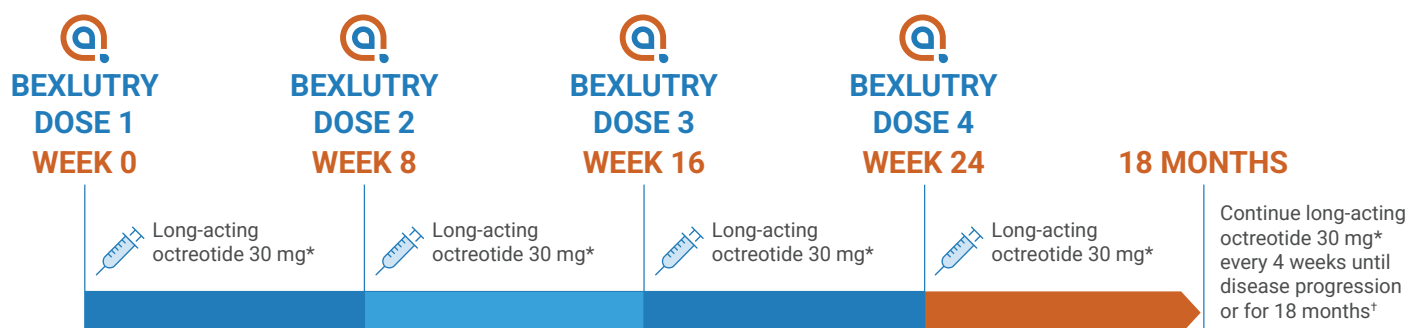
- **Renal Toxicity:** In ERASMUS, 8 patients (< 1%) developed renal failure 3 to 36 months following lutetium Lu 177 dotatate injection. Two of these patients had underlying renal impairment or risk factors for renal failure (e.g., diabetes or hypertension) and required dialysis.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

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BEXLUTRY DOSING OVERVIEW

The recommended dosage of BEXLUTRY is 7.4 GBq (200 mCi) given intravenously every 8 weeks (± 1 week), for a total of 4 administrations.¹



Before each dose of BEXLUTRY



*Administer long-acting octreotide 30 mg intramuscularly (IM) between 4 and 24 hours after each administration of BEXLUTRY. Do not administer long-acting octreotide within 4 weeks prior to each subsequent dose of BEXLUTRY.¹

†Continue long-acting octreotide 30 mg IM every 4 weeks after completing BEXLUTRY until disease progression or for 18 months following treatment initiation, at the discretion of a physician.¹

Prior to the first dose of BEXLUTRY, check labs, creatinine clearance, and Karnofsky performance status, as well as verify pregnancy status of patients with reproductive potential.^{1,4}

Radiation dose measurement: BEXLUTRY, containing 370 MBq/mL (10 mCi/mL) of lutetium Lu 177 dotatate at time of calibration, is a sterile, preservative-free, clear, colorless-to-yellow solution. It is supplied in a clear, colorless, Type I glass, 30-mL single-dose vial containing 7.4 GBq (200 mCi) $\pm 10\%$ of lutetium Lu 177 dotatate at the time of injection. The solution volume in the vial ranges between 23 and 25 mL to provide a total of 7.4 GBq (200 mCi) of radioactivity.¹

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Renal Toxicity (cont'd):** Administer the recommended amino acid solution before, during and after Bexlutry to decrease the reabsorption of lutetium Lu 177 dotatate through the proximal tubules and decrease the radiation dose to the kidneys. Advise patients to hydrate and to urinate frequently before, on the day of, and the day after administration of Bexlutry.

Monitor serum creatinine and calculated creatinine clearance. Withhold dose, reduce dose, or permanently discontinue Bexlutry based on the severity of renal toxicity.

Patients with baseline renal impairment may be at increased risk of toxicity due to increased radiation exposure.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

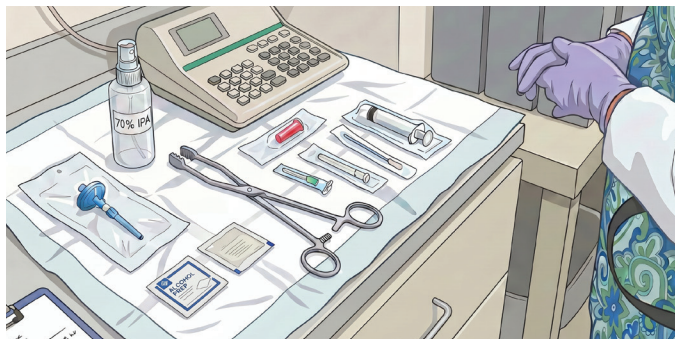
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BEFORE ADMINISTRATION OF BEXLUTRY

Consider the following guidance for medical personnel to minimize radiation exposure.

Supplies and equipment

Ensure the following items are available prior to infusion with BEXLUTRY:



Pharmaceuticals¹

- 500 mL of 0.9% sterile sodium chloride (NaCl)
- 0.9% NaCl for priming the lines
- L-lysine and L-arginine amino acid solution
- Antiemetics
- **IV somatostatin analogs (SSAs), fluids, corticosteroids, and electrolytes in case of neuroendocrine hormonal crisis**

Radiopharmaceuticals¹

- BEXLUTRY is in a shielded container

Equipment

- Tongs to handle BEXLUTRY vials¹
- Infusion pole⁵
- 2.5-cm (1-in), 20-gauge needle (short needle) and 9-cm (3.5-in), 18-gauge needle (long needle)¹
- Syringe for 0.9% NaCl flush¹
- Male-to-male adaptor⁶
- 3-way stopcock¹
- Peristaltic or syringe pump when appropriate for IV administration method
- Waterproof gloves and disposable lab coats and shoe covers^{1,7}
- Waste container for contaminated items⁷
- Radiation detection survey meter⁷
- CPR medication and equipment¹

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Risk From Radiation Exposure:** Bexlutry contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk for cancer. These risks of radiation associated with the use of Bexlutry are greater in pediatric patients than in adults.

Radiation can be detected in the urine for up to 30 days following Bexlutry administration. Minimize radiation exposure to patients, medical personnel, and household contacts during and after treatment with Bexlutry 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.

BEFORE ADMINISTRATION OF BEXLUTRY (CONT'D)

Safe handling of BEXLUTRY



Staff protection from radiation^{1,8}

- Ensure that all staff are aware of safety protocols to reduce radiation exposure, including **time**, **distance**, and **shielding**
- Set up radiation safety measures with proper signage
- Use personal protective equipment (PPE) and dosimeter, and segregate radioactive waste
- Track staff exposures and ensure that they remain below regulatory limits
- Follow established protocols to respond quickly to spills, contamination, and/or extravasation

Proper technique¹

- Use aseptic technique and shielding when handling BEXLUTRY
- Use tongs when handling the vial

Inspection¹

- Inspect the vial through a shielded window for particulate matter and discoloration

Dose verification¹

- Verify activity using a radioactivity dose calibrator
- Using the radioactivity dose calibrator, ensure BEXLUTRY dose is the correct activity per written directive for the correct patient
- Ensure expiration/BUD is documented according to the label and administration occurs before that time

Proper disposal

- Dispose radiopharmaceutical waste as required by law and institutional SOPs¹
- Minimize storage demands with Curium's lead safe retrieval service

What should I do if a radiation spill occurs?

If a radiation spill occurs, you should always follow the guidance of your institution's radiation safety department. Refer to the Nuclear Regulatory Commission for additional considerations at www.nrc.gov.⁷



Abbreviations: BUD, beyond-use date; SOP, standard operating procedure.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Hepatotoxicity:** In ERASMUS, 2 patients (< 1%) 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.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

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BEFORE ADMINISTRATION OF BEXLUTRY (CONT'D)

Patient preparation and room setup



Patient preparation and guidance

- Offer hospital scrubs or gowns to help avoid potential contamination of personal belongings⁹
- Provide instructions to sit on the toilet to urinate, close the toilet lid prior to flushing, and double flush after each use⁹
- Provide disposable undergarments if urinary incontinence is a concern. The use of routine bladder catheterization is not recommended⁹
- Discuss instructions on radiation precautions, visitor restrictions, and what to expect⁸

Premedication and infusion setup

- Confirm the patient has discontinued SSAs prior to infusion¹
- Prepare the infusion room with disposable pads, shielded waste containers, and a spill kit^{5,7}
- Prepare amino acid solution¹
- Verify correct patient, treatment, and BEXLUTRY activity prior to infusion
- Establish IV access for amino acid solution and BEXLUTRY using one of the following methods¹
 - Use a 3-way valve on the same venous access for both solutions
 - Establish separate IV access in the patient's other arm (one for amino acids, one for BEXLUTRY)
- Flush IV line with ≥ 10 mL 0.9% sodium chloride, USP, to ensure patency and reduce extravasation risk¹

IMPORTANT SAFETY INFORMATION (cont'd)

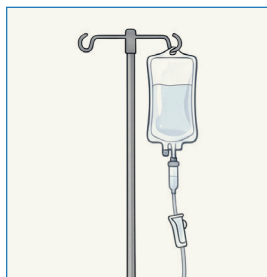
WARNINGS AND PRECAUTIONS (cont'd)

- **Hepatotoxicity (cont'd):** Monitor transaminases, bilirubin, serum albumin, and international normalized ratio (INR) during treatment. Withhold dose, reduce dose, or permanently discontinue Bexlutry based on the severity of hepatotoxicity.

BEFORE ADMINISTRATION OF BEXLUTRY (CONT'D)

Administration options

There are 3 different infusion methods for administration of BEXLUTRY—the gravity method, peristaltic pump method, and syringe pump method.¹ Please refer to the Prescribing Information (Section 2.5) for full instructions on the gravity, peristaltic pump, and syringe pump methods.



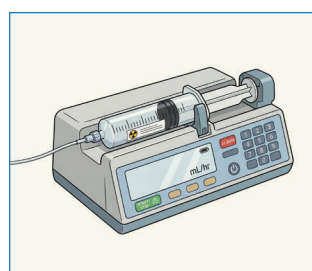
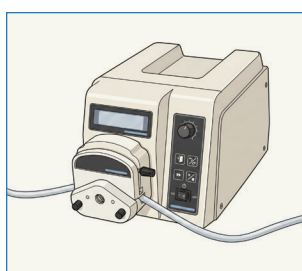
Administration of the gravity method¹

The gravity method may be used for the administration of the prescribed activity. Infuse BEXLUTRY directly from its original container.

If using the gravity method for reduced-activity BEXLUTRY, activity must be adjusted before administration to avoid incorrect volume delivery.¹

Administration instructions for other methods

The **peristaltic pump method** (left) or the **syringe pump method** (right) may also be used for BEXLUTRY administration. These pump methods may be used to administer either full- or reduced-activity BEXLUTRY following a dosage modification for an adverse reaction.¹



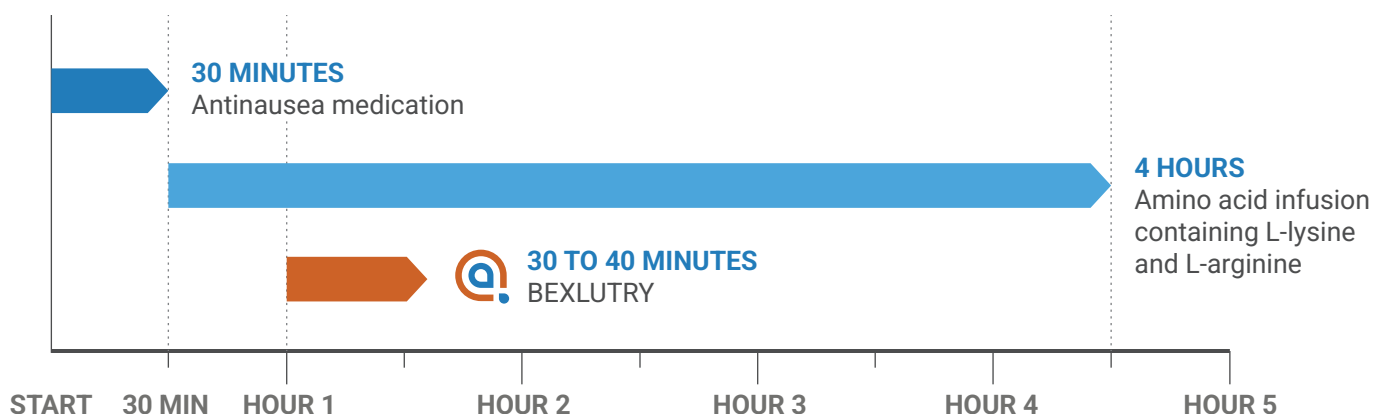
IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, occurred in patients treated with lutetium Lu 177 dotatate injection. Monitor patients closely for signs and symptoms of hypersensitivity reactions, including anaphylaxis, during and following Bexlutry administration for a minimum of 2 hours in a setting where cardiopulmonary resuscitation medication and equipment are available. Discontinue the infusion upon the first observation of any signs or symptoms consistent with a severe hypersensitivity reaction and initiate appropriate therapy.

DURING ADMINISTRATION OF BEXLUTRY

Recommended timing for the administration of premedications, concomitant medications, and BEXLUTRY¹



- ✓ **Confirm the patient has discontinued SSAs** prior to infusion¹
- ✓ **Verify a dated and signed written directive** per 10 CFR 35.40¹⁰
- ✓ **Confirm the amount of radioactivity** of BEXLUTRY administered to the patient with an appropriate dose calibrator prior to and after each dose¹
- ✓ **Administer antiemetics** before the amino acid solution to prevent nausea and vomiting¹
- ✓ **Administer amino acid solution** containing L-lysine and L-arginine intravenously **30 minutes before** administering BEXLUTRY. **Continue the infusion during** and for at least **3 hours after** the infusion of BEXLUTRY. Do not decrease the dose of the amino acid solution if the dose of BEXLUTRY is reduced¹
- ✓ **Administer BEXLUTRY** infusion (approximately **30 to 40 minutes**)¹
 - **Same venous access:** Co-administer amino acids and BEXLUTRY via a 3-way stopcock
 - **Different venous access:** Use separate lines, administering amino acids in one arm and BEXLUTRY in the other

Abbreviation: CFR, Code of Federal Regulations.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Hypersensitivity Reactions (cont'd):** Premedicate patients with a history of Grade 1 or 2 hypersensitivity reactions to Bexlutry before subsequent doses. Permanently discontinue Bexlutry in patients who experience Grade 3 or 4 hypersensitivity reactions.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

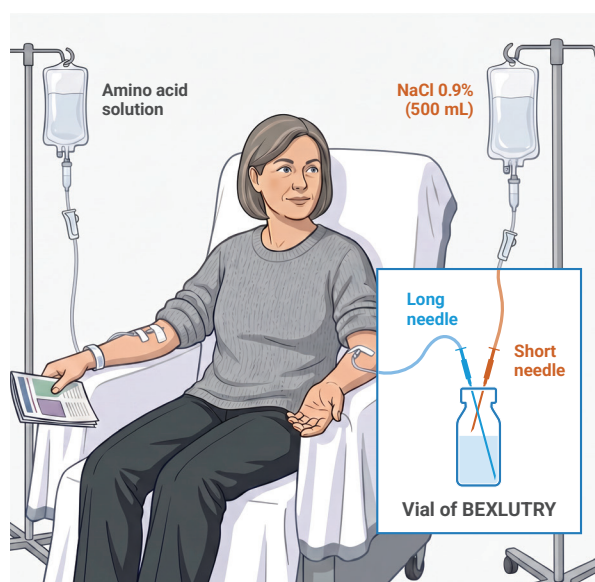
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DURING ADMINISTRATION OF BEXLUTRY (CONT'D)

Administration instructions for the gravity method

The following are not inclusive of every step. Please refer to the Prescribing Information (Section 2.5) for full administration instructions.

Short- and long-needle instructions¹



- 1
 - Insert the 2.5-cm (1-in), 20-gauge needle (**short needle**) into the vial of BEXLUTRY
 - Ensure that the short needle does not touch the solution of BEXLUTRY inside the vial
 - **Do not** connect the short needle directly to the patient
- 2
 - Connect the short needle to the 500 mL 0.9% sterile NaCl solution via a catheter
 - **Do not** allow 0.9% NaCl solution to flow into the BEXLUTRY vial prior to the start of the infusion
 - **Do not** inject BEXLUTRY directly into the 0.9% NaCl solution
- 3
 - Insert the 9-cm (3.5-in), 18-gauge needle (**long needle**) into the vial of BEXLUTRY
 - The long needle must touch and be secured to the bottom of the vial during the entire infusion
- 4
 - Connect the long needle to the patient by an IV catheter
 - The catheter should be prefilled with 0.9% NaCl solution and used exclusively for infusion of BEXLUTRY into the patient; amino acid solution may be administered concurrently through the same line using a 3-way stopcock

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Neuroendocrine Hormonal Crisis:** Neuroendocrine hormonal crises, 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 lutetium Lu 177 dotatate injection 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 analogs, fluids, corticosteroids, and electrolytes as indicated.

DURING ADMINISTRATION OF BEXLUTRY (CONT'D)

Administration instructions for the gravity method (cont'd)

Additional administration instructions¹

- **Infuse in 2 phases:** Use a clamp or an infusion pump to regulate the flow of the NaCl solution via the short needle into the BEXLUTRY injection vial at a rate of 50 to 100 mL/hour for 5 to 10 minutes and then 200 to 300 mL/hour for an additional 25 to 30 minutes
- The NaCl solution entering the vial through the short needle will carry the BEXLUTRY solution from the vial to the patient via the IV catheter connected to the long needle over a total duration of 30 to 40 minutes
- During the infusion, ensure that the level of solution in the vial of BEXLUTRY remains constant
- Disconnect the vial from the long needle line and clamp the NaCl line once the level of radioactivity is stable for at least 5 minutes
- Follow the infusion with an IV flush of 25 mL of 0.9% sterile NaCl solution through the IV to the patient
- Assay the vial with a radioactivity dose calibrator to confirm the amount of BEXLUTRY activity administered

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Embryo-Fetal Toxicity:** Based on its mechanism of action, Bexlutry can cause fetal harm when administered to a pregnant woman. Verify pregnancy status of females of reproductive potential prior to initiating Bexlutry. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with Bexlutry and for 7 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with Bexlutry and for 4 months after the last dose.

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MONITORING AND MANAGEMENT OF ADVERSE REACTIONS DURING BEXLUTRY TREATMENT

Hematologic reactions¹

Thrombocytopenia

MONITOR

- CBC with differential before each dose
- Signs of bone marrow suppression

ACTION ▶

If **first occurrence** of grade 2-4:

- **Withhold** dose until complete or partial resolution (grade 0-1)
 - **Resume** dose at 3.7 GBq (100 mCi) with complete or partial resolution; if no grade 2-4 event with reduced dose, give 7.4 GBq (200 mCi) as next dose
 - **Permanently discontinue** for grade ≥ 2 requiring a dosing interval >16 weeks

If **recurrent** grade 2-4:

- **Permanently discontinue**

Anemia/neutropenia

MONITOR

- CBC with differential before each dose
- Signs of bone marrow suppression

ACTION ▶

If **first occurrence** of grade 3-4:

- **Withhold** dose until complete or partial resolution (grade 0-2)
 - **Resume** dose at 3.7 GBq (100 mCi) with complete or partial resolution; if no grade 3-4 event with reduced dose, give 7.4 GBq (200 mCi) as next dose
 - **Permanently discontinue** for grade ≥ 3 requiring a dosing interval >16 weeks

If **recurrent** grade 3-4:

- **Permanently discontinue**

Abbreviation: CBC, complete blood count.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Risk of Infertility:** Bexlutry may cause infertility in males and females. The recommended cumulative dose of 29.6 GBq of Bexlutry results in a radiation absorbed dose to the testes and ovaries within the range where temporary or permanent infertility can be expected following external beam radiotherapy.

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MONITORING AND MANAGEMENT OF ADVERSE REACTIONS DURING BEXLUTRY TREATMENT (CONT'D)

Renal and hepatic reactions¹

Renal toxicity

MONITOR

- Serum creatinine and calculated creatinine clearance prior to each dose
- Signs of renal dysfunction

ACTION ▶

If **first occurrence***:

- **Administer** amino acids as prescribed
- **Withhold** dose until resolution or return to baseline
 - **Resume** dose at 3.7 GBq (100 mCi) with resolution or return to baseline; if no renal toxicity with reduced dose, give 7.4 GBq (200 mCi) as next dose
 - **Permanently discontinue** if renal toxicity requires a dosing interval >16 weeks

If **recurrent**:

- **Permanently discontinue**

Hepatotoxicity

MONITOR

- Transaminases, bilirubin, serum albumin, and INR during treatment
- Signs of hepatic impairment

ACTION ▶

If **first occurrence**[†]:

- **Withhold** dose until resolution or return to baseline
 - **Resume** dose at 3.7 GBq (100 mCi) with resolution or return to baseline; if no hepatotoxicity with reduced dose, give 7.4 GBq (200 mCi) as next dose
 - **Permanently discontinue** if hepatotoxicity requires a dosing interval >16 weeks

If **recurrent**:

- **Permanently discontinue**

*Creatinine clearance less than 40 mL/min calculated using Cockcroft-Gault formula with actual body weight, 40% increase from baseline serum creatinine, or 40% decrease from baseline creatinine clearance calculated using Cockcroft-Gault formula with actual body weight.

[†]Bilirubinemia greater than 3 times the upper limit of normal (grade 3 or 4) or serum albumin less than 30 g/L with INR >1.5.

Abbreviation: INR, international normalized ratio.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

The most common Grade 3-4 adverse reactions (≥ 4% with a higher incidence in lutetium Lu 177 dotatate injection arm) reported in NETTER-1 were lymphopenia, increased GGT, vomiting, nausea, increased AST, increased ALT, hyperglycemia and hypokalemia.

MONITORING AND MANAGEMENT OF ADVERSE REACTIONS DURING BEXLUTRY TREATMENT (CONT'D)



Infusion reactions and hormonal crisis^{1*}

Hypersensitivity

MONITOR

- During infusion and ≥ 2 hours after; have emergency medications/supplies available
- Signs of allergic reaction

ACTION ►

- **Premedicate** prior to subsequent doses for grade 1 or 2 reactions
- **Discontinue** infusion at the first sign of a severe hypersensitivity reaction and initiate appropriate therapy
- **Permanently discontinue** for grade 3 or 4 reactions

Neuroendocrine hormonal crisis

MONITOR

- During infusion and shortly after for signs of hormonal release (flushing, diarrhea, hypotension, bronchoconstriction)

ACTION ►

- **Administer** IV SSAs, fluids, corticosteroids, and electrolytes as indicated

Stop infusion immediately if



- Severe hypersensitivity occurs¹
- Carcinoid crisis develops^{1†}

Please see Prescribing Information (Section 2.4 Dosage Modifications for Adverse Reactions) for more information.¹

The administered activity of BEXLUTRY should be modified based on hematologic, renal, hepatic, hypersensitivity, and other adverse reactions.¹

*Other common grade 3-4 infusion reactions include nausea, vomiting, and electrolyte changes.¹

†A patient in carcinoid crisis requires the immediate administration of an IV bolus of octreotide as needed until stabilized. Alert the intensive care unit, monitor vital signs, and consider supportive care.¹¹

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

With a median follow-up time of more than 4 years, the following rates of serious adverse reactions were reported in ERASMUS: myelodysplastic syndrome (2%), acute leukemia (1%), renal failure (2%), hypotension (1%), cardiac failure (2%), myocardial infarction (1%), and neuroendocrine hormonal crisis (1%).

EDUCATING PATIENTS AND CAREGIVERS ON IMPORTANT RADIATION SAFETY GUIDANCE

Review these precautions with patients before they leave the clinic. Encourage patients to follow recommendations as best they can, based on what's practical for their situation.

For the first 3 DAYS after infusions



Hydration

- Drink plenty of liquids and urinate often to remove BEXLUTRY from the body^{12,13}



Bathroom use

- Sit down when using the toilet to avoid splashing^{13,14}
- Flush 2 times with lid closed after each use^{12,13}
- Clean any spills right away¹³
- Wash hands well with soap and water^{12,13}
- **For Caregivers:**
Wear disposable gloves when helping with bathroom needs or handling bodily fluids, and dispose of in a separate bag^{12,13}



Close contact with others

- Stay at least 3 feet away from other people and pets¹³
- Do not use public transportation¹³
- Wait 3 days before returning to work in person¹³

It's important to educate patients about radiation safety to help minimize risks during treatment with BEXLUTRY.

IMPORTANT SAFETY INFORMATION (cont'd)

DRUG INTERACTIONS

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

EDUCATING PATIENTS AND CAREGIVERS ON IMPORTANT RADIATION SAFETY GUIDANCE (CONT'D)

For the first **7 DAYS** after infusions



Personal hygiene

- Take a shower every day to help remove radioactive skin contamination^{12,15}
- Wash clothing, towels, and bedding separately from other household members¹⁶



Sleeping and personal space

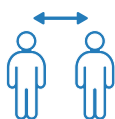
- Sleep alone to limit radiation exposure to others, including children and pets^{12,13}
- Avoid sexual activity¹²
- Limit close physical contact⁸



Close contact with others

- In general, maintain 3-foot distance from children and pregnant people¹³
- Avoid close contact in crowded public places⁸

Additional safety measures around pregnancy



- Do not share a bed with a pregnant person for **up to 15 days after infusions**^{12,13}



Safety for people of reproductive potential

- Use effective birth control during treatment and for **7 months after the final dose**¹
- Do not breastfeed during treatment and for **2.5 months after the final infusion**¹
 - During this time, continue expressing breast milk to maintain lactation; milk should be discarded or stored until safe for use per your doctor's or care team's direction¹⁷

IMPORTANT SAFETY INFORMATION (cont'd)

DRUG INTERACTIONS (cont'd)

Glucocorticoids: Glucocorticoids can induce down-regulation of subtype 2 somatostatin receptors (SSTR2). Avoid repeated administration of high doses of glucocorticoids during treatment with Bexlutry.

AT-A-GLANCE ADMINISTRATION SUMMARY

BEFORE administration

- **Discontinue long-acting SSAs**
(≥4 weeks before infusion)¹
- Administer short-acting SSA as needed¹
- **Discontinue short-acting SSAs**
(≥24 hours before infusion)¹
- Check labs, creatinine clearance, and performance status⁴
- Verify pregnancy status of patients with reproductive potential¹
- Prepare patient information, including visitor restrictions⁸

Safe handling

- **Follow radiation safety protocols**
(time/distance/shielding)⁸
- Confirm administration method¹
- **Use aseptic technique** when handling or administering BEXLUTRY¹
- Use tongs when handling the vial¹
- Inspect vial for particulate matter and discoloration¹
- Verify activity with radioactivity dose calibrator¹
- Dispose of unused product or waste material¹

Patient and room setup

- Prepare infusion room⁵
- Establish IV access¹
- Flush IV line¹
- Prepare amino acid solution¹
- **Prepare radiation safety setup**
(signage, PPE, shielding)⁸

Do not initiate treatment until...



the treating provider reviews labs, performance status, and Prescribing Information guidance.¹⁸

IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS

Lactation

Advise women not to breastfeed during treatment with Bexlutry and for 2.5 months after the last dose.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

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AT-A-GLANCE ADMINISTRATION SUMMARY (CONT'D)

DURING administration

- **Verify a dated and signed written directive** per 10 CFR 35.40¹⁰
- **Verify correct patient, treatment, and BEXLUTRY activity** prior to infusion
- **Administer antiemetics** before amino acid solution¹
- **Administer amino acid solution** (30 min prior to infusion)¹
- **Administer BEXLUTRY**¹

Monitoring

- Observe patient for hypersensitivity reactions¹
- Check IV lines periodically⁵
- Continue amino acid solution during and for at least 3 hours after infusion¹

If a patient becomes nauseated...



Administer antiemetics as directed to relieve nausea and prevent vomiting.⁴ If additional management is needed, follow institutional guidelines or prescribing physician's direction.

AFTER administration

- Stop infusions and flush IV lines¹
- Secure radioactive waste⁸
- Provide post-treatment instructions for patient⁸
- Document dose completion⁸
- Monitor lab tests as necessary¹
- Schedule next infusion and follow-up labs/dosimetry
- **Administer long-acting SSA between 4 and 24 hours after each administration** of BEXLUTRY. Do not administer long-acting SSA within 4 weeks prior to each subsequent dose of BEXLUTRY¹
- **Continue long-acting SSA every 4 weeks after completing BEXLUTRY** until disease progression or for 18 months following treatment initiation, at the discretion of the physician¹

What to do about unused or delayed doses...



Contact Curium Connects™ at 1-844-287-2628 about unused doses, delayed doses, or patient cancellations.

For more details on how to monitor for adverse reactions, see pages 11-13.

IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS (cont'd)

Pediatric Use

Somatostatin Receptor-Positive Gastroenteropancreatic Neuroendocrine Tumors: The risks of radiation exposure associated with Bexlutry are greater in pediatric patients than in adult patients due to longer life expectancy. The safety and effectiveness of Bexlutry have not been established in pediatric patients younger than 12 years old with somatostatin receptor-positive GEP-NETs.

Pediatric use information is approved for Advanced Accelerator Applications USA INC's LUTATHERA (lutetium Lu 177 dotatate) injection for intravenous use. However, due to Advanced Accelerator Applications USA Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

LUTATHERA® is a registered trademark of Advanced Accelerator Applications International SA.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

 **Bexlutry**[™]
(lutetium Lu 177 dotatate injection)
for intravenous use

ADMINISTRATION OF BEXLUTRY: KEY TAKEAWAYS

Ensure successful BEXLUTRY administration by following standard guidance before, during, and after infusion.

BEFORE administration

- Ensure patient stops taking long-acting SSAs ≥ 4 weeks prior to BEXLUTRY¹
- Follow protocols for handling, room and patient preparations, and staff protection^{1,8}
- Gather all supplies needed

DURING administration

- Administer antiemetics and amino acid solution prior to BEXLUTRY infusion¹
- Administer BEXLUTRY by preferred method¹
- Monitor and observe for adverse reactions¹

AFTER administration

- Review safety precautions patients should follow after BEXLUTRY infusion⁸
- Ensure additional infusions are scheduled (4 total)¹

Recommended BEXLUTRY dose for the treatment of SSTR+ GEP-NETs¹

- Delivering targeted radiation via 7.4 GBq (200 mCi) IV every 8 weeks (± 1 week), for a total of 4 doses
- Calibration is 21 hours from end of product formulation. Discard appropriately at 72 hours
- BEXLUTRY has a consistent calibration time at 5:00 PM ET for 200 mCi, expiring 3 hours later at 8:00 PM ET

References: 1. BEXLUTRY. Prescribing information. Curium US LLC; 2026. 2. US Food and Drug Administration. *Approved Drug Products With Therapeutic Equivalence Evaluations*. 44th ed. 2024. Accessed June 4, 2026. <https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book> 3. Lutathera. Prescribing information. Advanced Accelerator Applications USA Inc; 2024. 4. Becx MN, Minczeles NS, Brabander T, de Herder WW, Nonnekens J, Hofland J. A clinical guide to peptide receptor radionuclide therapy with ¹⁷⁷Lu-DOTATATE in neuroendocrine tumor patients. *Cancers*. 2022;14(23):5792. doi:10.3390/cancers14235792 5. Cappon DJ, Fang S, Berry K, et al. Clinical best practices for radiation safety during lutetium-177 therapy. *Health Phys*. 2023;124(2):139-146. doi:10.1097/HP.0000000000001644 6. Davis AB, Pietryka MH, Passalacqua S. Technical aspects and administration methods of ¹⁷⁷Lu-DOTATATE for nuclear medicine technologists. *J Nucl Med Technol*. 2019;47(4):288-291. doi:10.2967/jnmt.118.221846 7. Attachment 1, Item 19, Emergency Procedures. Nuclear Regulatory Commission. Accessed June 4, 2026. <https://www.nrc.gov/docs/ML0827/ML082750235.pdf> 8. Hosono M, Ikebuchi H, Nakamura Y, et al. Manual on the proper use of lutetium-177-labeled somatostatin analogue (Lu-177-DOTA-TATE) injectable in radionuclide therapy (2nd ed.). *Ann Nucl Med*. 2018;32(3):217-235. doi:10.1007/s12149-018-1230-7 9. Hope TA, Abbott A, Colucci DL, et al. NANETS/SNMMI procedure standard for somatostatin receptor-based peptide receptor radionuclide therapy with ¹⁷⁷Lu-DOTATATE. *J Nucl Med*. 2019;60(7):937-943. doi:10.2967/jnmed.118.230607 10. Code of Federal Regulations. Title 10—Energy, Chapter I—Nuclear Regulatory Commission, Part 35—Medical Use of Byproduct Material, Subpart B—General Administrative Requirements, CFR §35.40. National Archives. Accessed June 4, 2026. <https://www.ecfr.gov/current/title-10/chapter-I/part-35/subpart-B/section-35.40> 11. Laudicella R, Faggiano A, Pirro V, et al. AIMN, ITANET, SIE joint position paper for the recognition, prevention and management of NET carcinoid syndrome and crises during peptide receptor radionuclide therapy. *Eur J Nucl Med Mol Imaging*. 2026;53(3):1445-1457. doi:10.1007/s00259-025-07596-2 12. Ladrière T, Faudemer J, Levigoureux E, Peyronnet D, Desmonts C, Vigne J. Safety and therapeutic optimization of Lutetium-177 based radiopharmaceuticals. *Pharmaceutics*. 2023;15(4):1240. doi:10.3390/pharmaceutics15041240 13. Radiation safety patient instructions: LUTATHERA (Lu-177 dotatate). Dartmouth Health. Accessed June 4, 2026. <https://geiselmed.dartmouth.edu/radiology/wp-content/uploads/sites/47/2024/09/LUTATHERA-radiation-safety.pdf> 14. Levart D, Kalogianni E, Corcoran B, Mulholland N, Vivian G. Radiation precautions for inpatient and outpatient ¹⁷⁷Lu-DOTATATE peptide receptor radionuclide therapy of neuroendocrine tumours. *EJNMMI Phys*. 2019;6(1):7. doi:10.1186/s40658-019-0243-1 15. Hendifar AE, Mehr SH, McHaffie DR. Best practices for the coordinated care of patients with neuroendocrine tumors undergoing peptide receptor radionuclide therapy. *Pancreas*. 2022;51(3):213-218. doi:10.1097/MPA.0000000000002002 16. Radioligand therapy. International Neuroendocrine Cancer Alliance. Accessed June 4, 2026. https://incalliance.org/wp-content/uploads/2020/12/What-is-RadioLigandTherapy_EN.pdf 17. Dilsizian V, Palestro C, Zanzonico P. *Advisory Committee on Medical Uses of Isotopes (ACMUI) Sub-Committee on Nursing Mother Guidelines for the Medical Administration of Radioactive Materials*. Nuclear Regulatory Commission. Updated January 31, 2019. Accessed June 5, 2026. <https://www.nrc.gov/docs/ML1903/ML19038A498.pdf> 18. Soulek DK, Martin ME, Mastascusa NJ, Graves SA. Practical considerations for implementation of ¹⁷⁷Lu-DOTATATE neuroendocrine tumor treatment programs. *J Nucl Med Technol*. 2022;50(3):195-202. doi:10.2967/jnmt.122.263813

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Risk From Radiation Exposure:** Bexlutry contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk for cancer. These risks of radiation associated with the use of Bexlutry are greater in pediatric patients than in adults.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

CURIUM