

BEXLUTRY CLINICAL CARE GUIDE

Practical guidance for clinical staff
caring for adults receiving BEXLUTRY

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

Visit BEXLUTRYHCP.com

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](#).



A GUIDE TO SUPPORTING ADULT PATIENTS RECEIVING BEXLUTRY



Successful radioligand therapy (RLT) depends on the expertise and coordination of the entire care team.

This guide is intended to support the clinical staff involved in safe, effective delivery of BEXLUTRY™ (lutetium Lu 177 dotatate injection) to adult patients with gastroenteropancreatic neuroendocrine tumors (GEP-NETs). You can focus on the sections that best align with your responsibilities to the patient.

BEXLUTRY offers the same mechanism of action, dosing, efficacy, and safety as the reference drug (lutetium Lu 177 dotatate), and can be prepared, administered, and managed using the same protocols.^{1,2}

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.

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

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



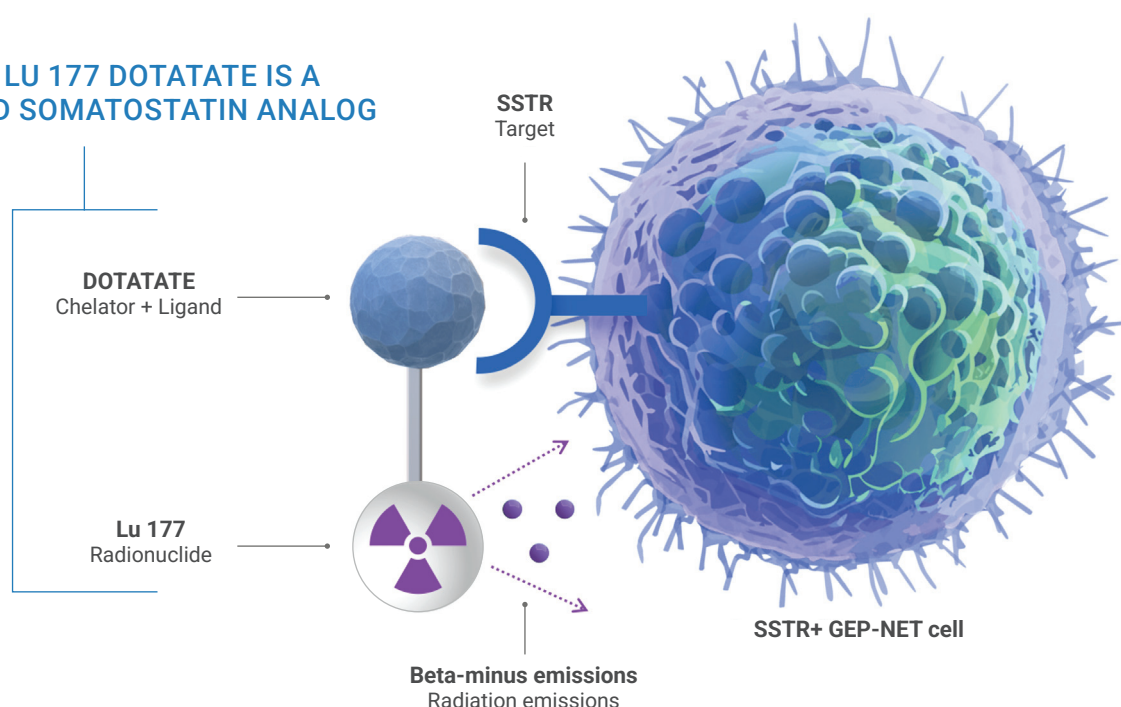
HOW BEXLUTRY WORKS IN GEP-NETs



BEXLUTRY is an RLT that delivers targeted radiation to GEP-NET cells¹

BEXLUTRY binds to somatostatin receptors (SSTRs) found on many GEP-NET cells and delivers targeted radiation to those cells.¹

LUTETIUM LU 177 DOTATATE IS A RADIOLABELED SOMATOSTATIN ANALOG



NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) include lutetium Lu 177 dotatate as a recommended therapy for adult patients with well-differentiated GEP-NETs for first-line therapy or after progression on somatostatin analogs (SSAs).³

Abbreviation: NCCN, National Comprehensive Cancer Network[®] (NCCN[®]).

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **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](#).

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



ADMINISTERING BEXLUTRY



Pre-arrival checklist



- **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

Do not initiate treatment until...

the treating provider reviews labs, performance status, and Prescribing Information guidance.⁵



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.

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

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



ADMINISTERING BEXLUTRY (CONT'D)

Day-of-infusion checklist Safe handling¹

- Confirm administration method
- **Use aseptic technique** when handling or administering BEXLUTRY
- Use tongs when handling the vial
- Inspect vial for particulate matter and discoloration
- Verify activity with radioactivity dose calibrator
- Dispose of unused product or waste material



Room setup

- Prepare infusion room⁶
- Establish IV access¹
- Flush IV line¹
- Prepare amino acid solution¹
- **Prepare radiation safety setup** (signage, PPE, shielding)⁷
- Prepare patient information, including visitor restrictions⁷



Administration

- **Verify a dated and signed written directive** per 10 CFR 35.40⁸
- **Verify correct patient, treatment, and BEXLUTRY activity** prior to infusion⁷
- **Administer antiemetics** before amino acid solution¹
- **Administer amino acid solution** (30 min prior to infusion)¹
- **Administer BEXLUTRY**¹



Monitoring

- **Follow radiation safety protocols** (time/distance/shielding)⁷
- Observe patient for hypersensitivity reactions¹
- Check IV lines periodically⁶
- Continue amino acid solution during and for at least 3 hours after infusion¹

For more details on how to monitor for adverse reactions, see pages 15-16.

If 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.



Abbreviations: CFR, Code of Federal Regulations; PPE, personal protective equipment.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Renal Toxicity (cont'd):** 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](#).

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



ADMINISTERING BEXLUTRY (CONT'D)



Discharge checklist



- Stop infusions and flush IV lines¹
- Secure radioactive waste⁷
- Provide post-treatment instructions for patient⁷
- Assay the vial with a radioactivity dose calibrator to confirm the amount of BEXLUTRY activity administered¹
- 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.

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.

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.

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

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



PREPARATION OF BEXLUTRY



Radiation safety

- Staff who are not directly involved with nuclear medicine may have questions about radiation exposure. Reassure them that exposure is controlled through time, distance, and shielding, and that safety protocols are followed to protect support personnel⁷
- Educate patients and caregivers about radiation safety to help minimize risks; for more details, see pages 19-20



Staff protection

- Use PPE and dosimeter, and segregate radioactive waste⁷
- Minimize time near the patient and employ shielded equipment and distance to reduce exposure⁷
- Track staff exposures and ensure that they remain below regulatory limits⁷
- Follow established protocols to respond quickly to spills, contamination, and/or extravasation^{1,7}

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.⁹

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](#).

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



ADMINISTRATION SETUP

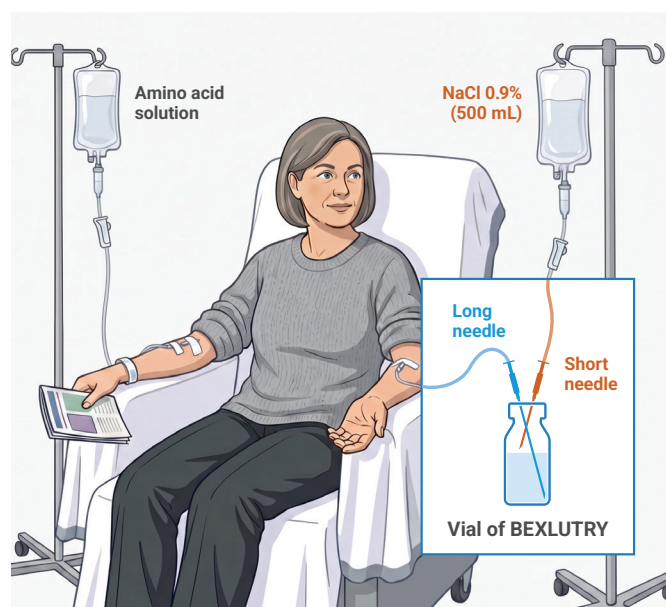
Setup for the gravity method¹

The gravity method may be used for the administration of the prescribed activity.

- Prior to administration, flush the IV catheter for BEXLUTRY with ≥ 10 mL of 0.9% sodium chloride (NaCl) injection, USP, to ensure patency and to minimize the risk of extravasation
- Using the gravity method to administer a reduced dose of BEXLUTRY will likely result in delivery of an incorrect activity of BEXLUTRY if the dose is not adjusted prior to administration
- Please refer to the Prescribing Information (Section 2.5) for full instructions on the gravity and other methods, including **peristaltic pump** and **syringe pump** methods

Short- and long-needle instructions¹

The following are not inclusive of every step.



- 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)

- **Risk From Radiation Exposure (cont'd):** 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.

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

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



SAFE HANDLING BEFORE ADMINISTRATION



Handling of BEXLUTRY



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 verification

- Verify activity using a radioactivity dose calibrator¹
- Using the radioactivity dose calibrator, ensure BEXLUTRY dose is the correct activity per written directive for the correct patient^{1,8}
- Ensure expiration/BUD is documented according to the label and administration occurs before that time^{1,7}



Proper disposal

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

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

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.

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

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



PREPARATION FOR INFUSION



Room setup for BEXLUTRY



Preparation of room and premedication

- Prepare the infusion room with disposable pads, shielded waste containers, and a spill kit⁶
- Prepare L-lysine and L-arginine amino acid solution¹



Preparation of IV line¹

- Establish IV access using a 3-way valve or separate venous access (one for amino acids, one for BEXLUTRY)
- Flush IV line with ≥ 10 mL 0.9% sodium chloride, USP, to ensure patency and reduce extravasation risk



Radiation safety⁷

- Set up radiation safety with signage; PPE; and time, distance, and shielding
- Review patient instructions on radiation precautions, including visitor restrictions

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](#).

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

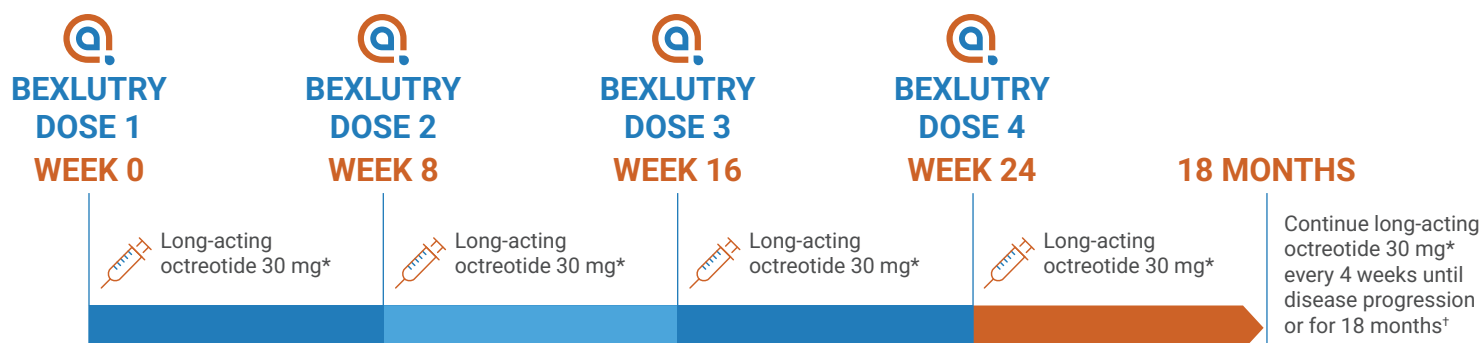


DOSING AND ADMINISTRATION OF BEXLUTRY



This page outlines the standard dosing schedule and infusion timing for BEXLUTRY.

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



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

[†]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.

Before each dose¹

- Discontinue long-acting octreotide ≥ 4 weeks before treatment
- Discontinue short-acting octreotide ≥ 24 hours before treatment

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.

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

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

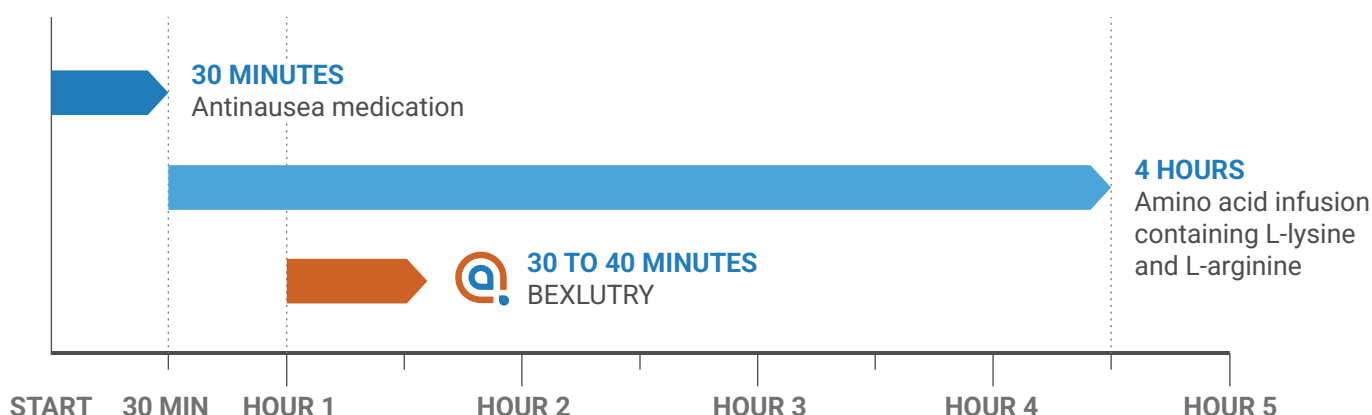


DOSING AND ADMINISTRATION OF BEXLUTRY (CONT'D)



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

- ✓ Confirm the patient has discontinued SSAs prior to infusion¹
- ✓ Verify a dated and signed written directive per 10 CFR 35.40⁸
- ✓ Verify correct patient, treatment, and BEXLUTRY activity prior to infusion⁷
- ✓ 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



The administered activity of BEXLUTRY should be modified based on hematologic, renal, hepatic, hypersensitivity, or other adverse reactions.¹ Please see the Prescribing Information for BEXLUTRY for additional information on dose modifications.

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.

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

 **Bexlutry™**
(Lutetium Lu 177 dotatate injection)
for intravenous use



SAFETY CONSIDERATIONS FOR ADULT PATIENTS RECEIVING BEXLUTRY



The safety of BEXLUTRY is supported by clinical trials of the reference RL^{1,2}

Most adverse reactions in NETTER-1* were grade 1 and 2¹

The most common grade 3 and 4 adverse reactions with a higher incidence in the lutetium Lu 177 dotatate arm vs the 60 mg octreotide LAR arm (between-arm difference of $\geq 2\%$), respectively, were

- Lymphopenia (44% vs 5%)
- Increased AST (5% vs 0%)
- Increased GGT (20% vs 16%)
- Increased ALT (4% vs 0%)
- Vomiting (7% vs 0%)
- Hyperglycemia (4% vs 2%)
- Nausea (5% vs 2%)
- Hypokalemia (4% vs 2%)

***Study design:** NETTER-1, a pivotal, phase 3, randomized, open-label, multicenter study comparing safety and efficacy of lutetium Lu 177 dotatate 7.4 GBq (200 mCi) with 30 mg octreotide LAR IM vs 60 mg octreotide LAR in patients with metastatic, inoperable, or locally advanced midgut SSTR+ GEP-NETs that had progressed during SSA treatment. Primary endpoint: PFS; Secondary endpoints: ORR, OS, DoR, and safety.^{1,10}

NETTER-2[†] safety was consistent with the established safety in NETTER-1¹¹

The most common grade 3 or 4 adverse events for lutetium Lu 177 dotatate + 30 mg octreotide LAR vs 60 mg octreotide LAR ($\geq 3\%$ in either arm), respectively, were

- Lymphocyte count decreased (5% vs 0%)
- GGT increased (5% vs 3%)
- Small intestinal obstruction (3% vs 0%)
- Abdominal pain (3% vs 4%)

†Study design: NETTER-2, a phase 3, randomized, open-label, multicenter study comparing safety and efficacy of lutetium Lu 177 dotatate 7.4 GBq (200 mCi) with 30 mg octreotide LAR vs high-dose 60 mg octreotide LAR in patients with newly diagnosed SSTR+, metastatic or locally advanced, grade 2 or 3 inoperable SSTR+ GEP-NETs. Primary endpoint: PFS; Secondary endpoints: ORR, OS, TTD in select QoL scales, DCR, DoR, and safety.¹¹

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.

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

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



SAFETY CONSIDERATIONS FOR ADULT PATIENTS RECEIVING BEXLUTRY (CONT'D)



In the 5-year long-term follow-up for NETTER-1, no new safety signals were reported^{12*}

Adverse event (AE) type	Incidence and results
AEs	During the long-term follow-up, only serious adverse events (SAEs) deemed related to treatment with lutetium Lu 177 dotatate and AEs of special interest (hematotoxicity, cardiovascular events, and nephrotoxicity, regardless of causality) in the lutetium Lu 177 dotatate arm were reported ¹²
Grade ≥ 3 treatment-related SAEs during the entire study	7 of 111 patients (6%) treated in the lutetium Lu 177 dotatate arm ¹²
Incidence of treatment-related SAEs during the long-term follow-up period	3 of 111 patients (3%) treated with lutetium Lu 177 dotatate¹² • 2 patients (1.8%) experienced at least 1 grade ≥ 3 SAE (1 grade 5 MDS event) • 1 patient (0.9%) experienced an SAE leading to study discontinuation
MDS or acute leukemia	No new cases were reported during long-term follow-up¹² • MDS incidence for lutetium Lu 177 dotatate: In NETTER-1, with a median follow-up time of 76 months in the main study, MDS was reported in 2.3% of patients receiving lutetium Lu 177 dotatate with long-acting octreotide compared with no patients receiving high-dose long-acting octreotide¹ • In ERASMUS, 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^{1†}
Diffuse large B-cell lymphoma	One patient developed diffuse large B-cell lymphoma during long-term follow-up that was deemed unrelated to treatment with lutetium Lu 177 dotatate ¹²
Nephrotoxicity of grade ≥ 3 , regardless of causality	Reported in 6 of 111 patients (5%) in the lutetium Lu 177 dotatate arm and 4 of 112 patients (4%) in the control arm during the study ¹²

*Cutoff date for final analysis was January 18, 2021.¹²

[†]ERASMUS study design: Retrospective safety data are available from 1214 patients in ERASMUS, an international, single-institution, single-arm, open-label trial of patients with SSTR+ tumors (neuroendocrine and other primaries). The median duration of follow-up was >4 years.¹

Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase; GGT, gamma-glutamyl transferase; LAR, long-acting release; MDS, myelodysplastic syndrome; NET, neuroendocrine tumor.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

The most common Grade 3-4 adverse reactions ($\geq 4\%$ 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.

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

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



MONITORING AND MANAGEMENT OF ADVERSE REACTIONS DURING BEXLUTRY TREATMENT



The administered activity of BEXLUTRY should be modified based on adverse reactions.¹ Use this spread for guidance on monitoring and dose adjustments if adverse reactions occur during treatment.

Hematologic, renal, and hepatic 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**

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**

*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.

Abbreviation: CBC, complete blood count.

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%).

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

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



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



Hematologic, renal, and hepatic reactions (cont'd)¹



Infusion reactions and hormonal crisis^{1*}

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**

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



Stop infusion immediately if

- Severe hypersensitivity occurs¹
- Carcinoid crisis develops^{13‡}

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

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

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

[†]Bilirubinemia greater than 3 times the upper limit of normal (grade 3 or 4) or serum albumin less than 30 g/L with INR >1.5.¹

[‡]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.¹³

Abbreviation: INR, international normalized ratio.

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.

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

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

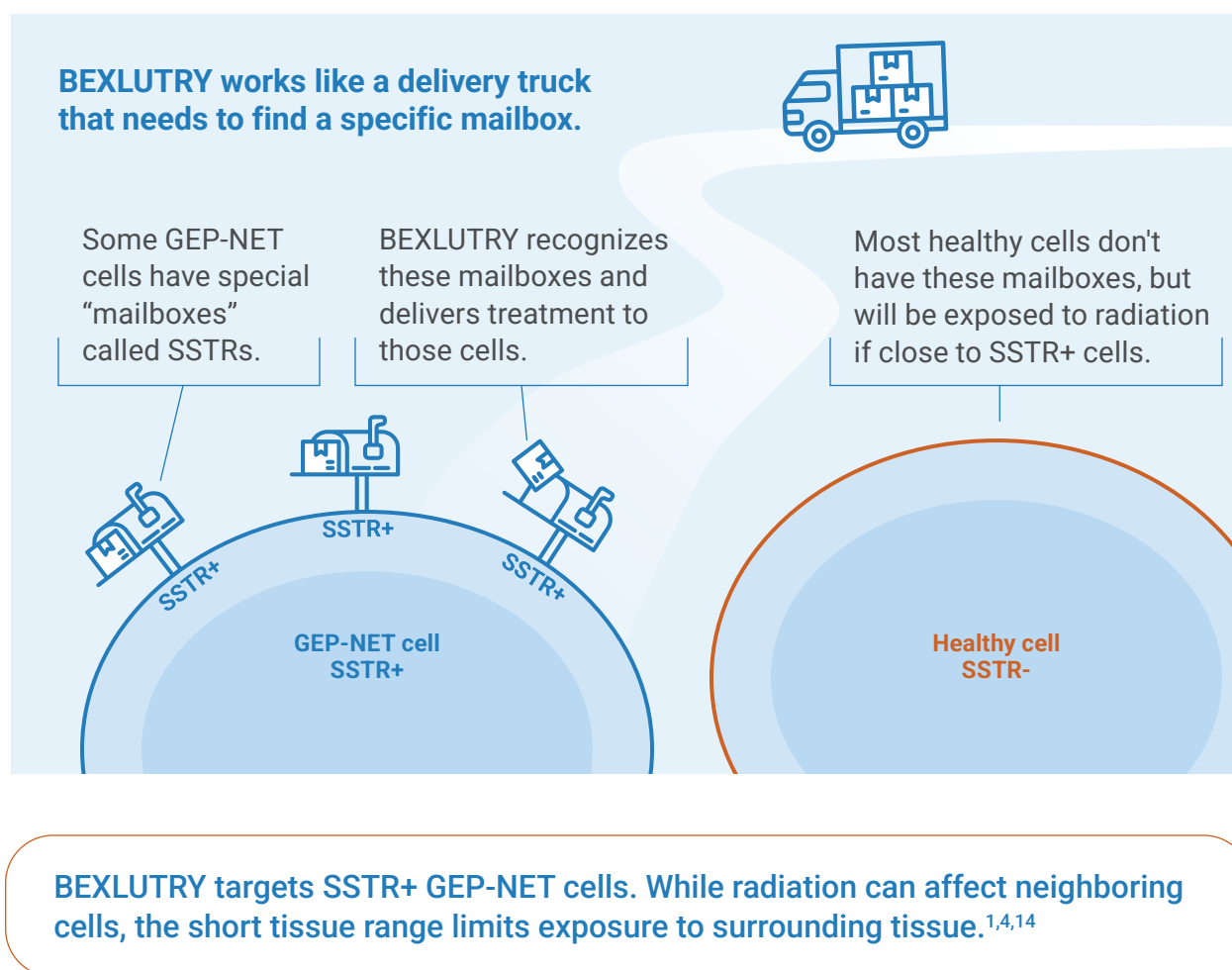


SUPPORTING PATIENT EDUCATION DURING BEXLUTRY TREATMENT



Educating your patients about BEXLUTRY^{1,14}

Patients may have questions about how RLT works. An analogy can make it easier to understand how BEXLUTRY can help them.



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.

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

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



SUPPORTING PATIENT EDUCATION DURING BEXLUTRY TREATMENT (CONT'D)



Curium is what sets BEXLUTRY apart

You can help patients understand that Curium's commitment to the NET community is what sets BEXLUTRY apart from other Lu 177 dotatate options. Curium is a world leader in nuclear medicine that is 100% focused on radiopharmaceuticals and has been proudly supporting patients, healthcare professionals, and advocacy groups for over 30 years.

Helping patients stay on track with treatment

- ✓ Reinforce the importance of completing all prescribed doses at the discretion of their physician
- ✓ Schedule all infusions in advance
- ✓ Discuss transportation and support needs
- ✓ Encourage patients to report side effects
- ✓ Provide hydration and safety guidance

How to explain radiation to patients

After receiving BEXLUTRY, the radiopharmaceutical will be retained in the body for a period of time.⁷ Exposure to others is minimized by following simple safety precautions.

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](#).

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



WHAT PATIENTS SHOULD DO AFTER BEXLUTRY TREATMENT



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 your infusions



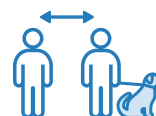
Hydration

- Drink plenty of liquids and urinate often to remove BEXLUTRY from the body^{15,16}



Bathroom use

- Sit down when using the toilet to avoid splashing^{16,17}
- Flush 2 times with lid closed after each use^{15,16}
- Clean any spills right away¹⁶
- Wash hands well with soap and water^{15,16}
- **For Caregivers:**
Wear disposable gloves when helping with bathroom needs or handling bodily fluids, and dispose of in a separate bag^{15,16}



Close contact with others

- Stay at least 3 feet away from other people and pets¹⁶
- Do not use public transportation¹⁶
- Wait 3 days before returning to work in person¹⁶

Remind patients

- These precautions are temporary
- They help protect family members

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.

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

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



WHAT PATIENTS SHOULD DO AFTER BEXLUTRY TREATMENT (CONT'D)



For the first **7 DAYS** after your infusions



Personal hygiene

- Take a shower every day to help remove radioactive skin contamination^{15,18}
- Wash clothing, towels, and bedding separately from other household members¹⁴



Sleeping and personal space

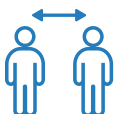
- Sleep alone to limit radiation exposure to others, including children and pets^{15,16}
- Avoid sexual activity¹⁵
- Limit close physical contact⁷



Close contact with others

- In general, maintain 3-foot distance from children and pregnant people¹⁶
- Avoid close contact in crowded public places⁷

Additional safety measures around pregnancy



- Do not share a bed with a pregnant person for **up to 15 days after your infusions**^{15,16}



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 direction¹⁹

IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS (cont'd)

Pediatric Use (cont'd)

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



BEXLUTRY IS BACKED BY CURIUM'S EXPERTISE AND COMMITMENT TO THE NET COMMUNITY



Proudly supporting the NET community for 30+ years^{1,20,21}

1994

Octreoscan™

(Kit for the Preparation of Indium In 111
Pentetreotide Injection)

First-ever peptide-based
radiopharmaceutical for NETs

2020

Detectnet™

(copper Cu 64 dotatate injection)

First and only copper-based SSTR
PET imaging agent in the US

2026

Bexlutry™

(Lutetium Lu 177 dotatate injection)
for intravenous use

First radioligand equivalent
for SSTR+ GEP-NETs

We partner with patient advocacy groups that provide a voice for the NET community by spreading awareness, supporting patients and caregivers, and funding research.



Abbreviation: PET, positron emission tomography.

OCTREOSCAN™ INDICATIONS AND USAGE

Octreoscan, after radiolabeling, is an agent for the scintigraphic localization of primary and metastatic neuroendocrine tumors bearing somatostatin receptors.

OCTREOSCAN™ IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

- DO NOT ADMINISTER IN TOTAL PARENTERAL NUTRITION (TPN) ADMIXTURES OR INJECT INTO TPN INTRAVENOUS ADMINISTRATION LINES; IN THESE SOLUTIONS, A COMPLEX GLYCOSYL OCTREOTIDE CONJUGATE MAY FORM.
- The sensitivity of scintigraphy with indium In 111 pentetreotide may be reduced in patients concurrently receiving therapeutic doses of octreotide acetate. Consideration should be given to temporarily suspending octreotide acetate therapy before the administration of Indium In 111 Pentetreotide Injection and to monitoring the patient for any signs of withdrawal.

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

DETECTNET™ INDICATIONS AND USAGE

Detectnet is indicated for use with positron emission tomography (PET) for localization of somatostatin receptor positive neuroendocrine tumors (NETs) in adult patients.

DETECTNET™ IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

Radiation Risk

Diagnostic radiopharmaceuticals, including Detectnet, contribute to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk of cancer. Ensure safe handling and preparation procedures to protect patients and health care workers from unintentional radiation exposure. Advise patients to hydrate before and after administration and to void frequently after administration.

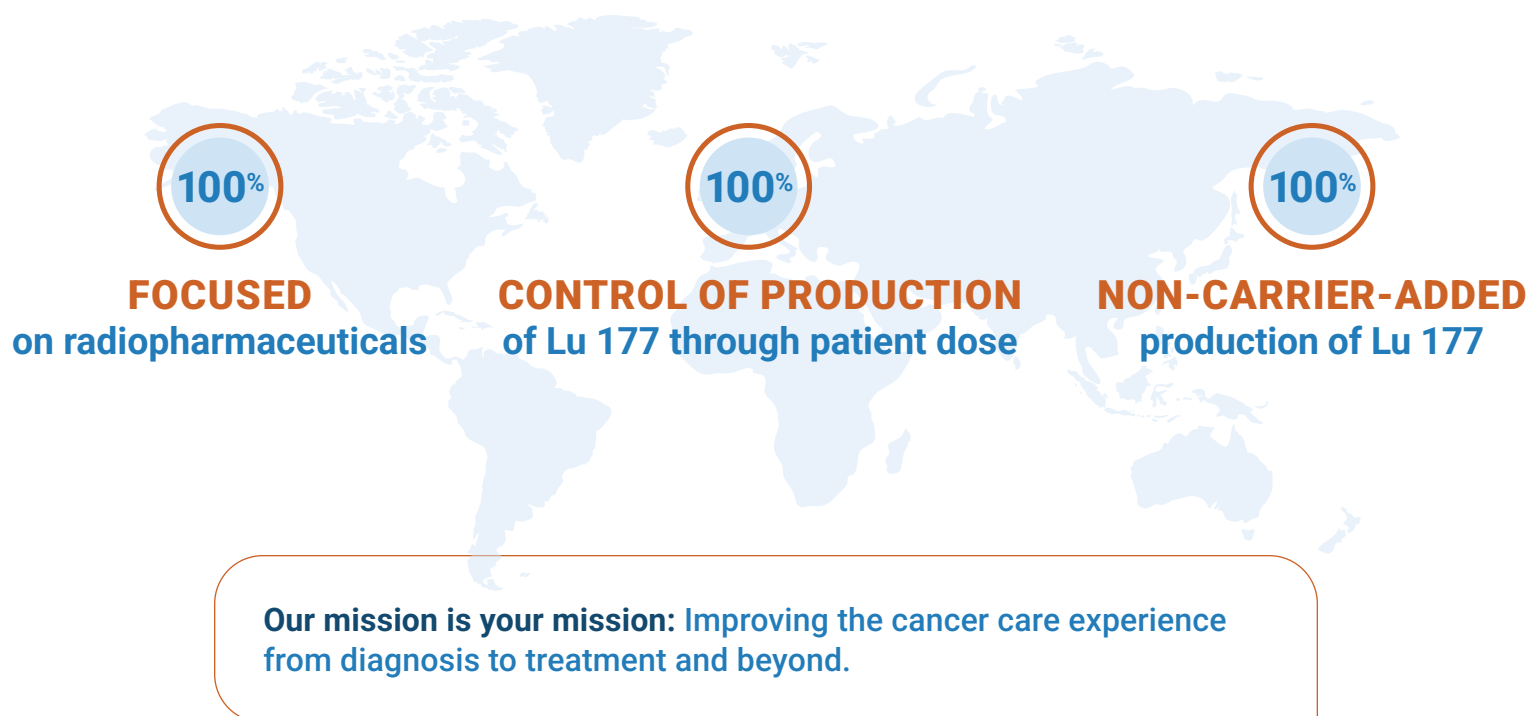




BEXLUTRY IS BACKED BY CURIUM'S EXPERTISE AND COMMITMENT TO THE NET COMMUNITY (CONT'D)



A world leader in nuclear medicine with 100% commitment to excellence



OCTREOSCAN™ IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- Hypersensitivity reactions following administration of somatostatin receptor imaging agents predominantly consisted of cutaneous reactions such as rash and pruritus. Reactions reversed either spontaneously or with routine symptomatic management. Less frequently hypersensitivity reactions included angioedema or cases with features of anaphylaxis.
- Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulinomas. Precautions should be taken to prevent hypoglycemia in these patients.

DETECTNET™ IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Risk for Image Misinterpretation

The uptake of copper Cu 64 dotatate reflects the level of somatostatin receptor density in NETs, however, uptake can also be seen in a variety of other tumors that also express somatostatin receptors. Increased uptake might also be seen in other non-cancerous pathologic conditions that express somatostatin receptors including thyroid disease or in subacute inflammation, or might occur as a normal physiologic variant (e.g., uncinate process of the pancreas).

A negative scan after the administration of Detectnet in patients who do not have a history of NET disease does not rule out disease.

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

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



CURIUM CONNECTS™ OFFERS SUPPORT SERVICES TO HELP PATIENTS AND PRACTICES NAVIGATE TREATMENT



Curium Connects integrates logistical, financial, and patient support

Our centralized portal

- Streamlines ordering and delivery
- Facilitates coding and billing
- Simplifies reimbursement
- Supports patients throughout treatment



Visit CuriumConnects.com



Call 1-844-287-2628

Helping patients feel supported from start to finish*



Patient support hotline

Fast answers and dedicated help from on-call nurses



In-home lab testing†

Convenient in-home lab services for eligible patients, subject to program requirements



Travel and lodging assistance†

Practical support for eligible patients



Access & financial support

Benefits verification, prior authorization, and financial assistance programs

Eligible patients pay as little as **\$0 per dose** of BEXLUTRY*†‡

*Enrollment in Curium Connects is required to determine eligibility and participation. Offers subject to a maximum benefit per course of treatment.

†Please see terms and conditions for [in-home lab testing](#), [travel and lodging assistance](#), and [copay program](#).

‡Limitations apply. Valid only for those with commercial insurance. Not valid under Medicare or any other federal or state program.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **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](#).

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



REFERENCES

1. BEXLUTRY. Prescribing information. Curium US LLC; 2026.
2. Lutathera. Prescribing information. Advanced Accelerator Applications USA Inc; 2024.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Neuroendocrine and Adrenal Tumors V.1.2026. © National Comprehensive Cancer Network, Inc. 2026. All rights reserved. Accessed June 4, 2026. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
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. Soulek DK, Martin ME, Mastascusa NJ, and 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
6. 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
7. 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
8. *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>
9. Attachment 1, Item 19, Emergency Procedures. Nuclear Regulatory Commission. Accessed March 27, 2026. <https://www.nrc.gov/docs/ML0827/ML082750235.pdf>
10. Strosberg J, El-Haddad G, Wolin E, et al; NETTER-1 trial investigators. Phase 3 trial of ¹⁷⁷Lu-dotatate for midgut neuroendocrine tumors. *N Engl J Med*. 2017;376(2):125-135. doi:10.1056/NEJMoa1607427
11. Singh S, Halperin D, Myrehaug S, et al; NETTER-2 trial investigators. [¹⁷⁷Lu]Lu-DOTA-TATE plus long-acting octreotide versus high-dose long-acting octreotide for the treatment of newly diagnosed, advanced grade 2-3, well-differentiated, gastroenteropancreatic neuroendocrine tumours (NETTER-2): an open-label, randomised, phase 3 study. *Lancet*. 2024;403(10446):2807-2817. doi:10.1016/S0140-6736(24)00701-3
12. Strosberg JR, Caplin ME, Kunz PL, et al; NETTER-1 investigators. ¹⁷⁷Lu-Dotatate plus long-acting octreotide versus high-dose long-acting octreotide in patients with midgut neuroendocrine tumours (NETTER-1): final overall survival and long-term safety results from an open-label, randomised, controlled, phase 3 trial. *Lancet Oncol*. 2021;22(12):1752-1763. doi:10.1016/S1470-2045(21)00572-6
13. 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
14. Radioligand therapy. International Neuroendocrine Cancer Alliance. Accessed April 8, 2026. https://incalliance.org/wp-content/uploads/2020/12/What-is-RadioligandTherapy_EN.pdf
15. 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
16. Radiation safety patient instructions: LUTATHERA (Lu-177 dotatate). Dartmouth Health. Accessed April 8, 2026. <https://geiselmed.dartmouth.edu/radiology/wp-content/uploads/sites/47/2024/09/LUTATHERA-radiation-safety.pdf>
17. 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
18. 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
19. Dilsizian V, Metter D, Palestro C. *Advisory Committee on Medical Uses of Isotopes (ACMUI) Sub-Committee on Nursing Mother Guidelines for the Medical Administration of Radioactive Materials*. Draft report submitted August 18, 2017. Accessed June 9, 2026. <https://www.nrc.gov/docs/ML1728/ML17281A005.pdf>
20. Levine R, Krenning EP. Clinical history of the theranostic radionuclide approach to neuroendocrine tumors and other types of cancer: historical review based on an interview of Eric P. Krenning by Rachel Levine. *J Nucl Med*. 2017;58(suppl 2):3S-9S. doi:10.2967/jnumed.116.18650
21. Detectnet. Prescribing information. Curium US LLC; 2025.

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

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



BEXLUTRY AT-A-GLANCE: QUICK REFERENCE



BEXLUTRY™ (lutetium Lu 177 dotatate injection) is for adults with SSTR+ GEP-NETs¹



Dosing¹

- 7.4 GBq (200 mCi) IV
- Given every 8 weeks (4 total doses)
- Stop long-acting SSAs ≥4 weeks prior to BEXLUTRY
- Stop short-acting SSA ≥24 hours prior to BEXLUTRY



Prior to infusion

- Verify written directive and correct patient, treatment, and BEXLUTRY activity^{7,8}
- Check labs, creatinine clearance, and performance status⁴
- Antiemetics (before amino acid solution)¹
- Amino acid solution 30 minutes before BEXLUTRY administration¹



Safety monitoring

- Monitor hematologic and renal function⁴
- Observe for infusion reactions and hormonal crisis¹
- Advise patients on radiation safety instructions⁷

Nurses and technologists play a critical role in preparing patients, administering therapy safely, and helping patients understand treatment expectations.

Explore more [BEXLUTRY resources](#) to support your staff

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- **Risk From Radiation Exposure (cont'd):** 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.

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

CURIUM

© 2026 Curium US LLC. Bexlutry™, Curium™, Curium Connects™, and the Curium logo are trademarks of Curium US LLC. MAT-LD-US-00068 0626

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