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



# LUTATHERA:
## Your Trusted RLT in SSTR+ GEP-NETs

**#1 administered RLT** for SSTR+ GEP-NETs

Trusted by HCPs to treat more than
**20,000 patients over 8 years[1,2,*]**

*Internal data tracking as of April 2026.

GEP-NETs, gastroenteropancreatic neuroendocrine tumors; HCPs, health care professionals; RLT, radioligand therapy; SSTR+, somatostatin receptor-positive.

## INDICATION

LUTATHERA® (lutetium Lu 177 dotatate) is indicated for the treatment of adult and pediatric patients aged 12 years and older with somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors.

## 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.

**Please see additional Important Safety Information throughout and full Prescribing Information.**

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# Order LUTATHERA directly from Novartis
via the electronic ordering portal

**99%** on-time delivery for all LUTATHERA orders in 2025[3]

**70,000+** orders shipped from launch to date[2]

## NO-CARRIER-ADDED LUTETIUM (n.c.a. Lu-177)
is the primary source of lutetium for LUTATHERA[4]

- n.c.a. Lu-177 helps to simplify and improve waste management[5]
- n.c.a. Lu-177 does not affect the efficacy, safety, or administration of LUTATHERA[5]
- The finished product specifications and quality control processes for LUTATHERA remain consistent, ensuring product quality regardless of the Lu-177 production method[5]

**2 Novartis RLT manufacturing sites** are currently producing LUTATHERA[6]
Additional sites are planned to expand manufacturing throughout the United States[6]

**Product ordering support is available by calling 1-844-367-3222,**
Monday-Friday, 8:00 AM to 8:00 PM ET, excluding holidays.

n.c.a., no-carrier-added.

## IMPORTANT SAFETY INFORMATION (continued)
## WARNINGS AND PRECAUTIONS (continued)

- **Radiation Exposure (continued):** 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 throughout and full Prescribing Information.**

# LUTATHERA is widely available, **with access continuing to expand**[2]



**There are 502 treatment sites across the United States**[2]

**86%** of LUTATHERA patients are located **within 30 miles of a treatment site**[2]

**Visit www.LUTATHERA-treatmentsites.com**
to find treatment sites near you

You can search by name of the practice, city, state, or ZIP code. Please check back regularly, as this list will be periodically updated with newly certified locations.

## Interested in becoming a treatment site?

Call Novartis Patient Support™ at **1-844-638-7222**, Monday-Friday, 8:00 AM to 8:00 PM ET, excluding holidays.

## 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 3/4): 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 months following the first dose.

**Please see additional Important Safety Information throughout and full Prescribing Information.**

# **LUTATHERA is accessible** for most insured patients*

## **76%** of patients had coverage for LUTATHERA as of January 2025[7]

The other 24% are on plans that do not have published policies and/or cases may be decided on an individual basis. Follow up with the patient's plan to determine coverage.

## **85%** of covered patients paid $0 out of pocket per infusion[8]

A review of claims data between Q1 2023 and Q2 2024 indicated that approximately 85% of patients paid $0 for the product. For remaining patients, the out-of-pocket cost for the product varies and may be as high as the total cost of the product. Additional out-of-pocket costs may be incurred related to treatment, including, but not limited to, administration fees.

## Benefits investigations† in less than **3 days**

**Resources** to assist with patient access

Download forms that can assist with coverage, including a LUTATHERA sample letter of appeal and co-pay reimbursement guides for both health care professionals and patients.

*The information provided in this communication is not a guarantee of coverage and patient out-of-pocket costs may vary. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims and will vary.

†Primary plans only; an additional 1 to 2 days if secondary plan coverage review is required.

## IMPORTANT SAFETY INFORMATION (continued)
## WARNINGS AND PRECAUTIONS (continued)

- **Myelosuppression (continued):** 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 dose, reduce dose, or permanently discontinue LUTATHERA based on the severity of myelosuppression.

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# **Novartis Patient Support™ is a comprehensive program** designed to help your patients start, stay, and save on **LUTATHERA**

## 1:1 Patient Navigation Support

Here to guide patients through the referral process, financial assistance, what to anticipate with treatment, and answers to common questions

**Call 1-844-638-7222, Monday-Friday, 8:00 AM to 8:00 PM ET, to speak to a Novartis Patient Navigator**

## Referring Provider Support

Our dedicated Novartis Patient Support team can help you navigate the referral process

- Benefit investigations in less than 3 days
- Referral follow-up with treatment centers for enrolled patients

## Get Financial Support

**$0 Eligible patients may pay as little as $0 per dose**

Subject to terms and conditions. Limitations apply.*

**To be eligible for the Co-Pay offer, patients must:**

- Have private insurance
- Be enrolled in Novartis Patient Support, which is required to determine eligibility and participation

There is a benefit limit of $15,000 over the course of treatment.

Novartis Patient Support provides patients with ongoing help to stay on track with their LUTATHERA treatment plan

**The Novartis Patient Support Team is available at 1-844-638-7222, Monday-Friday, 8:00 AM to 8:00 PM ET, excluding holidays.**

***Limitations apply.** Up to $15,000 over the course of the treatment. Offer not valid under Medicare, Medicaid, or any other federal or state programs. Novartis reserves the right to rescind, revoke, or amend this program without notice. Additional limitations may apply. See complete Terms & Conditions at lutathera.com/copay-terms for details.

**Please see additional Important Safety Information throughout and full Prescribing Information.**

## 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.
- **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 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 on the day after administration of LUTATHERA. Monitor serum creatinine and calculated creatinine clearance. Withhold dose, reduce dose, or permanently discontinue LUTATHERA based on the severity of renal toxicity. Patients with baseline renal impairment may be at increased risk of toxicity due to increased radiation exposure; perform more frequent assessments of renal function in patients with baseline mild or moderate impairment. LUTATHERA has not been studied in patients with baseline severe renal impairment (creatinine clearance <30 mL/min) or those with end-stage renal disease.
- **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, serum albumin, and the international normalized ratio during treatment. Withhold dose, reduce dose, or permanently discontinue LUTATHERA based on the severity of hepatotoxicity.
- **Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, occurred in patients treated with LUTATHERA. Monitor patients closely for signs and symptoms of hypersensitivity reactions, including anaphylaxis, during and following LUTATHERA administration for a minimum of 2 hours in a setting in which cardiopulmonary resuscitation medication and equipment are available.

**Please see full Prescribing Information.**

## IMPORTANT SAFETY INFORMATION (continued)
## WARNINGS AND PRECAUTIONS (continued)

- **Hypersensitivity Reactions (continued):** Discontinue the infusion upon 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 1/2 hypersensitivity reactions to LUTATHERA before subsequent doses. Permanently discontinue LUTATHERA in patients who experience grade 3/4 hypersensitivity reactions.
- **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 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 when administered to a pregnant woman. Verify the pregnancy status of females of reproductive potential prior to initiating LUTATHERA. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with LUTATHERA and for 7 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with LUTATHERA and for 4 months after the last dose.
- **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 3/4 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%), increased aspartate aminotransferase (5%), increased alanine aminotransferase (4%), hyperglycemia (4%), and hypokalemia (4%).

**Please see full Prescribing Information.**

## IMPORTANT SAFETY INFORMATION (continued)

### ADVERSE REACTIONS (continued)

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.

Adverse reactions observed in pediatric patients were similar to those observed in adults treated with LUTATHERA.

### DRUG INTERACTIONS

Discontinue long-acting somatostatin analogues at least 4 weeks and short-acting octreotide at least 24 hours prior to each LUTATHERA dose.

### SPECIFIC POPULATIONS

**Lactation:** Advise patients not to breastfeed during LUTATHERA treatment.

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# LUTATHERA: Your Trusted RLT in SSTR+ GEP-NETs

**>20,000**
patients treated since approval in 2018[1,2,*]

**>8 YEARS**
of RLT experience in the GEP-NET space[1]

**76%**
of insured patients had treatment coverage[7]

**85%**
of covered patients paid $0 out of pocket per infusion[8]

Make the decision to **START LUTATHERA (7.4 GBq) early** for your eligible patients

**Download the Start Form**, then fax the completed form to Novartis Patient Support at **1-844-638-7329**. Registration is required.

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**Visit the treatment site locator** for the most up-to-date list of LUTATHERA treatment centers near your patients.

*Internal data tracking as of April 2026.
GBq; gigabecquerel.

**References: 1.** Lutathera. Prescribing information. Novartis Pharmaceuticals Corp. **2.** Data on file. LUTATHERA NPS Metrics. Novartis Pharmaceuticals Corp; April 2026. **3.** Data on file. On-Time Delivery for LUTATHERA. Novartis Pharmaceuticals Corp; May 2025. **4.** Data on file. Internal manual data pull. June 2026. Novartis Pharmaceuticals Corp; 2026. **5.** Data on file. Commercial Q&A. Novartis Pharmaceuticals Corp; 2025. **6.** Data on file. Pluvicto and Lutathera site opening summary. Novartis Pharmaceuticals Corp; 2026. **7.** Data on file. MMIT Data. Novartis Pharmaceuticals Corp; May 2025. **8.** Data on file. IQVIA Pluvicto & Lutathera Reimbursement Landscape. Novartis Pharmaceuticals Corp; 2025.

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**Novartis Pharmaceuticals Corporation**
East Hanover, New Jersey 07936-1080
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