

Blue Earth Diagnostics believes that accurate and appropriate billing and reimbursement processes and guidelines can help facilitate patient access to POSLUMA as prescribed.

Within this Reimbursement Resource Guide, we provide background information to support the benefits investigation, prior authorization, and claims submission processes.



This resource is provided to support patient access to POSLUMA as prescribed. This document contains factual information and is not intended to be legal or coding advice. Blue Earth Diagnostics does not guarantee coverage or reimbursement for POSLUMA. The information provided in this document is based upon current, general coding practices. The existence of billing codes does not guarantee coverage and payment. Payer policies vary and may change without notice. It is the providers' responsibility to determine and submit accurate information on claims. This includes submitting information such as proper codes, modifiers, charges, and invoices for the services that were rendered. The coding on claims should reflect medical necessity and be consistent with the documentation in the patient's medical record.

## INDICATION

POSLUMA<sup>®</sup> (flotufolastat F 18) injection is indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level

## IMPORTANT SAFETY INFORMATION

- Image interpretation errors can occur with POSLUMA PET. A negative image does not rule out the presence of prostate cancer and a positive image does not confirm the presence of prostate cancer. The performance of POSLUMA for imaging metastatic pelvic lymph nodes in patients prior to initial definitive therapy seems to be affected by serum PSA levels and risk grouping. The performance of POSLUMA for imaging patients with biochemical evidence of recurrence of prostate cancer seems to be affected by serum PSA levels. Flotufolastat F 18 uptake is not specific for prostate cancer and may occur in other types of cancer, in non-malignant processes, and in normal tissues. Clinical correlation, which may include histopathological evaluation, is recommended.
- Risk of Image Misinterpretation in Patients with Suspected Prostate Cancer Recurrence: The interpretation of POSLUMA PET may differ depending on imaging readers, particularly in the prostate/prostate bed region. Because of the associated risk of false positive interpretation, consider multidisciplinary consultation and histopathological confirmation when clinical decision-making hinges on flotufolastat F 18 uptake only in the prostate/prostate bed region or only on uptake interpreted as borderline.
- POSLUMA use contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk for cancer. Advise patients to hydrate before and after administration and to void frequently after administration. Ensure safe handling to minimize radiation exposure to the patient and health care providers.
- The adverse reactions reported in  $\geq 0.4\%$  of patients in clinical studies were diarrhea, blood pressure increase and injection site pain.
- Drug Interactions: androgen deprivation therapy (ADT) and other therapies targeting the androgen pathway, such as androgen receptor antagonists, may result in changes in uptake of flotufolastat F 18 in prostate cancer. The effect of these therapies on performance of POSLUMA PET has not been established.

To report suspected adverse reactions to POSLUMA, call 1-844-POSLUMA (1-844-767-5862) or contact FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Full POSLUMA prescribing information is available at [www.posluma.com/prescribing-information.pdf](http://www.posluma.com/prescribing-information.pdf)

## In this guide you will find:

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**Your Blue Earth Diagnostics Field Reimbursement Manager is available to review information about local and national payer coverage requirements and to answer other reimbursement-related questions.**

Thank you for your interest in Blue Earth Diagnostics and POSLUMA.

# POSLUMA<sup>®</sup> (flutufolastat F 18) injection

## Coding Information Sheet

Information current as of January 1, 2024.

### HCPSC code for POSLUMA<sup>®</sup>

HCPSC code	HCPSC descriptor	For dates of service
<b>A9608</b>	Flutufolastat f18, diagnostic, 1 millicurie*	Effective January 1, 2024*

\*units of billing 1 unit per millicurie (mCi) administered; label-recommended patient dose is 8mCi

### Most commonly used CPT Codes for POSLUMA PET Scans

The Current Procedural Terminology (CPT<sup>®</sup>) codes for PET imaging are 78811- 78816. Providers should choose the code that accurately describes the procedure performed and is supported by documentation in the medical record. Based on the POSLUMA's Prescribing Information, it is expected that the following 2 CPT codes will be commonly used for POSLUMA PET or PET/CT imaging of patients with prostate cancer prior to initial therapy or suspected recurrent prostate cancer based on elevated PSA levels:

CPT <sup>®</sup> code	CPT descriptor
<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
<b>78815</b>	Positron emission tomography (PET) imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

CPT<sup>®</sup> is a registered trademark of the American Medical Association.  
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# Medicare Required Oncologic PET Billing Modifier

Medicare requires oncologic PET imaging be billed using either the PI or PS modifier.

Modifier	Modifier descriptor
PI	Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing. Short descriptor: PET tumor init tx strat
PS	Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent antitumor strategy. Short descriptor: PET tumor subseq tx strategy

**Note:** effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discard amounts. For more information go to: <https://www.cms.gov/files/document/mm13056-new-jz-claims-modifier-certain-medicare-part-b-drugs.pdf>

Effective January 1, 2017, providers and suppliers are required to report the JW modifier on all claims that bill for drugs and biologicals separately payable under Medicare Part B with unused and discarded amounts from single-dose containers or single-use packages. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf>

## National Drug Code (NDC) Codes for POSLUMA

NDC Code for POSLUMA <sup>®</sup> (flutufolastat F 18) injection	NDC Code Descriptor
69932-002-01	10-digit NDC Code for a single dose of POSLUMA
69932-0002-01	11-digit NDC Code for a single dose of POSLUMA

This is the published code associated with the Wholesale Acquisition Cost (WAC) submitted by Blue Earth Diagnostics.

Providers should follow payer coding and billing guidelines regarding which NDC number is appropriate.

## ICD-10-CM Codes most commonly used for POSLUMA PET Scans

ICD-10-CM Codes	Descriptor
C61	Malignant neoplasm of the prostate
R97.20	Elevated prostate specific antigen (PSA)
R97.21	Rising PSA following treatment for malignant neoplasm of the prostate
Z85.46	Personal history of malignant neoplasm of prostate
Z19.1	Hormone Sensitive malignancy status
Z19.2	Hormone resistant malignancy status

The above codes are representative. Providers should choose the code(s) that most accurately describes the patient's diagnoses.

**NOTE:** Whenever a personal history diagnosis code (Z85.XXX) is on a claim, the claim must also contain a diagnosis code from the list of covered "C", "D" or "R" codes.

[https://www.cms.gov/medicare/coverage/determinationprocess/downloads/petforsolidtumorsoncologicdxcodesattachment\\_NCD220\\_6\\_17.pdf](https://www.cms.gov/medicare/coverage/determinationprocess/downloads/petforsolidtumorsoncologicdxcodesattachment_NCD220_6_17.pdf)

Your Blue Earth Diagnostics Field Reimbursement Manager is available to review information about local and national payer coverage requirements and to answer other reimbursement-related questions.



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# Prior Authorization Helpful Tips

Information current as of January 1, 2024.

## Prior authorizations

A process used to determine if a patient's procedure, service, or medication will be covered. This process does not guarantee payment. A prior authorization is not predetermined by a health plan.

› **Electronic submission can reduce complexity of manual submissions**

› **May be conducted via the telephone for certain payers**

› **Collect all pertinent information**

- Patient demographics, including name, insurance policy # and date of birth
- Place of Service: IDTF, Physician Office, Outpatient Hospital
- Physician Information including name and Tax ID number
- All other items required by the health plan

› **Performing provider's information**

- Physician/Facility Name
- Tax ID number & NPI number
- Address, Phone and Fax number
- Email (if available)
- Contact name

› **Provider must have appropriate documentation readily available**

- Letter of medical necessity
- Patient records detailing relevant diagnosis
- Supporting documentation for diagnostic procedure (CPT/HCPCS codes, diagnosis codes)
- Document any authorization number (e.g., may request in writing from payer)
- Be sure to follow all criteria set forth by the payer

\*For initial staging authorizations, provide documentation to support how the patient meets Unfavorable Intermediate, High, or Very High Risk for metastatic disease

**NOTE:** Verify benefits, eligibility, coverage, and requirements for prior authorization with payer.

## Predetermination

Determination of the reimbursement amount from a third party before a healthcare service is performed. It does not guarantee payment.

› **Collect all pertinent information**

› **Electronic submission can reduce complexity of manual submissions**

› **Insight may be gained on reimbursement (payment) for POSLUMA and PET scan**

› **May be able to gain insight into contract limitations with payer**

**NOTE:** Many of the steps above would be used with a predetermination.



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## Denial: POSLUMA or PET or both

### APPEAL PROCESS

#### PAPER/ELECTRONIC

- › **Be sure to use proper form**
- › **Follow exact criteria of payer**
- › **Include physician notes**
- › **Physician notes should document the use of product/scan**
- › **May use “Template Appeal Letter” or “Letter of Medical Necessity” provided by Blue Earth Diagnostics as a guide**
- › **Submit in a timely manner and through proper channels provided by payer**

#### PEER TO PEER

- › **Contact payer to schedule a peer to peer**
- › **Request an individual well-versed in radiopharmaceuticals or a physician of the same specialty**
- › **Request notification of assigned payer individual a week prior to scheduled appointment**
- › **Be sure to have all documentation ready**
  - Reference number for existing claim denial
  - Denial “explanation of benefits”
  - Reason for use of POSLUMA, PET, and/or both
  - Documentation supporting medical necessity

# POSLUMA Scheduling Tip Sheet

This resource is provided to support patient access to POSLUMA as prescribed. This is not a guide or instruction. The processes outlined here do not guarantee payment. Providers must use independent medical judgment in determining whether an POSLUMA PET scan is appropriate for the patient. The provider has the responsibility to ensure correct prior authorization, appeal, and denial policies are followed.

## POSLUMA is covered by Medicare where reasonable and medically necessary

POSLUMA<sup>®</sup> (flutufolastat F 18) injection is indicated for positron emission tomography (PET) imaging of prostate-specific membrane antigen (PSMA) positive lesions in men with

- suspected metastasis who are candidates for initial definitive therapy
- suspected prostate cancer recurrence based on elevated serum prostate specific antigen (PSA) level

## IS THIS PATIENT APPROPRIATE FOR POSLUMA IMAGING?

- Patient has a new diagnosis of prostate cancer with Unfavorable Intermediate, High or Very High risk for metastatic disease
- Patient has prior history of prostate cancer
- Patient was treated for prostate cancer
- Patient has elevated PSA levels following prior treatment

## DO I HAVE WHAT I NEED TO SCHEDULE THE PATIENT?

- Physician order for POSLUMA PET scan
- Patient's insurance information and prior authorization number, if available
- If performing authorization, documentation of:
  - Medical necessity
  - Patient history
  - Information on POSLUMA PET scans

## PATIENT PREPARATION AND PRECAUTIONS

### Preparing for a POSLUMA scan

- Patients should drink water prior to POSLUMA administration and continue drinking and voiding frequently for first few hours after administration.
- Patients should void immediately prior to imaging.
- Scan duration is approximately 20 minutes.



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# POSLUMA Scheduling Tip Sheet

## CODING FOR POSLUMA PET SCANS

### Healthcare Common Procedure Coding System (HCPCS)

HCPCS code	HCPCS descriptor	For dates of service
<b>A9608</b>	Flutufolastat F 18, diagnostic, 1 millicurie*	Effective January 1, 2024*

\*units of billing 1 unit per millicurie (mCi) administered; label-recommended patient dose is 8mCi's

### Potential CPT codes for POSLUMA

Code	Descriptor
<b>78811</b>	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)
<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
<b>78813</b>	Positron emission tomography (PET) imaging; whole body
<b>78814</b>	Positron emission tomography (PET) imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)
<b>78815</b>	Positron emission tomography (PET) imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
<b>78816</b>	Positron emission tomography (PET) imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

The Current Procedural Terminology (CPT<sup>®</sup>) codes for PET imaging are 78811- 78816. Providers should choose the code that accurately describes the procedure performed and is supported by documentation in the medical record.

### ICD-10 codes most commonly used for POSLUMA PET scans

Code	Descriptor
<b>C61</b>	Malignant neoplasm of prostate
<b>R97.21</b>	Rising PSA following treatment for malignant neoplasm of the prostate
<b>R97.20</b>	Elevated prostate specific antigen (PSA)
<b>Z85.46</b>	Personal history of malignant neoplasm of prostate
<b>Z19.1</b>	Hormone sensitive malignancy status
<b>Z19.2</b>	Hormone resistant malignancy status

The above codes are representative. Providers should choose the code(s) that accurately describes the diagnoses.



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# POSLUMA PET Imaging Program Implementation Checklist

A proactive approach regarding reimbursement can help your patients successfully obtain coverage for POSLUMA as prescribed. The checklist below outlines key potential steps to help facilitate coverage if you determine POSLUMA is appropriate for your patient. Please review individual insurer requirements, as the specific steps may vary based on the patient's insurer.

- HOSPITALS ONLY** Confirm/add PET or PET/CT procedure codes and A9608 to charge master
- HOSPITALS ONLY** Confirm both current APC and revenue codes for PET scanning are set up in charge master
- IDTF ONLY** Submit form 855B to add A9608 (IDTF only)  
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf>
- Obtain local MAC oncologic PET coverage policy and coding instructions for restaging/recurrence of prostate cancer
- Obtain oncologic PET coverage policies from commercial payers and Medicare Advantage plans
- Obtain publicly available RBM coverage criteria for oncologic imaging
- Review commercial payer contracts and submit contract addendum to add separate reimbursement for A9608 to current contract. Please note, such contract addenda may take 60 days or more to process
- Check with private payers to confirm code sets for oncologic PET are included in privileging criteria
- Credentialing—you may need to update your office/practice profile with your payers

Abbreviations: APC, ambulatory payment classification; HCPCS, Healthcare Common Procedure Coding System; IDTF, independent diagnostic testing facility; MAC, Medicare Administrative Contractor; RBM, radiology benefits manager.

If you have questions, your Blue Earth Diagnostics Field Reimbursement Manager is available to provide a reimbursement training overview.

**This training will provide information relevant to departments including, but not limited to:**

- › Scheduling department
- › Benefit investigation
- › Prior authorization
- › Charge master
- › Finance department
- › Billing and patient financial services
- › Third-party billing company (if utilizing)
- › Prostate cancer nurse navigators

**Topics for this training session will include:**

- › Review of POSLUMA Reimbursement Resource Guide
- › Review of publicly available local MAC and private payer coverage policies
- › Review of publicly available RBM coverage criteria and prior-authorization requirements
- › Q&A session



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# Template: Letter of Medical Necessity

[Date]

[Contact at Health insurer]

[His/Her Title]

[Name of health Insurance Company]

[Address]

[City, State, ZIP code]

## Regarding: Letter of Medical Necessity for POSLUMA<sup>®</sup> (fluciclovine F 18) injection

Insured: [Name]

Patient: [Name]

Patient Date of Birth: [DOB]

Insurance ID number: [Policy Number]

Dear [Name of Contact]:

I am writing on behalf of my patient, [name of patient], to request that [name of insurance company] approve coverage for a POSLUMA<sup>®</sup> (flutufolostat F18) injection which is used in Positron Emission Tomography (PET) imaging. POSLUMA, an <sup>18</sup>F-labeled Prostate Specific Membrane Antigen (PSMA) agent is the first and only commercially available radiohybrid™ (rh) F-18 PET diagnostic radiopharmaceutical which was approved by the Food and Drug Administration (FDA) on May 25th, 2023<sup>1</sup>. POSLUMA is indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level

### Patient's Medical History

[This is where you should summarize your rationale as to why a POSLUMA<sup>®</sup> PET scan is appropriate and medically necessary for your patient. Consider including the following information. provide patient information regarding condition, symptoms and history related to his prostate cancer:]

- Description of patient's condition, date of original diagnosis and history related to his Prostate CA
- Current symptoms
- Circumstances surrounding care, need for diagnostic imaging with POSLUMA<sup>®</sup>
- Previous diagnostic tests, therapies, and any complications
- Any other relevant information

Based on the above information, I hope that you will agree that a POSLUMA PET scan is indicated and medically necessary for the detection and localization of [name of patient's] [prostate cancer prior to initial therapy or suspected prostate cancer recurrence based on elevated blood prostate specific antigen (PSA) level, [select the reason for approval](#)]<sup>3,4</sup>.

If you have any further questions, please contact me at [physicians' telephone number]. Thank you in advance for your immediate attention to this request.

Sincerely

[Physician's Name]

[Physician's Practice Name]

[Practice Address]

**References:** **1.** POSLUMA. Package insert. Blue Earth Diagnostics Ltd; 2023. **2.** Fendler WP, et al. PSMA PET/CT: joint EANM procedure guideline/SNMMI procedure standard for prostate cancer imaging 2.0. *Eur J Nucl Med Mol Imaging* 2023; <https://doi.org/10.1007/s00259-022-06089-w> **3.** Jani AB, et al. Diagnostic performance and safety of 18F-rhPSMA-7.3 PET in men with suspected prostate cancer recurrence: results from a Phase 3, prospective, multicenter study (SPOTLIGHT). *J Urol.* 2023 Aug;210(2):299-311: doi/10.1097/JU.0000000000003493 **4.** Surasi, D S, et al., Diagnostic Performance and Safety of Positron Emission Tomography with 18F-rhPSMA-7.3 in Patients with Newly Diagnosed Unfavourable Intermediate- to Very-high-risk Prostate Cancer: Results from a Phase 3, Prospective, Multicentre Study (LIGHHOUSE), *Eur Urol* (2023), Surasi DS et al. *Eur Urol.* 2023 Oct;84(4):361-370. **5.** Wurzer A, Di Carlo D, Schmidt A, et al. Radiohybrid ligands: a novel tracer concept exemplified by 18F- or 68Ga-labeled rhPSMA inhibitors. *J Nucl Med.* 2020;61(5):735-742.



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# Template: Letter for Appeal of Denial

[Date]

[Contact at Health insurer]  
 [His/Her Title]  
 [Name of health Insurance Company]  
 [Address]  
 [City, State, ZIP code]

Insured: [Name]  
 Patient: [Name]  
 Patient Date of Birth: [DOB]  
 Insurance ID number: [Policy Number]  
 Claim Number: [Insert Claim #]

Dear [Medical Director]

I am writing this letter to formally request a reconsideration of the adverse determination for a POSLUMA<sup>®</sup> (flutufolastat F18) PET scan in the above-referenced claim. It is my understanding based on your letter of denial dated [insert date] that this procedure has been denied because: [quote the specific reason for the denial stated in denial letter].

[If the denial criteria is unclear, you may consider requesting additional information such as:]

1. Name of the board-certified physician who reviewed this claim and a description of any applicable advanced training or experience this reviewer has related to this type of care.
2. Board certified physician's recommendation regarding alternative diagnostic assessment or work up and care.
3. A copy of applicable internal clinical guideline, source of the guideline and the date of development.
4. An outline of the specific records reviewed and a description of any records which would be necessary to justify coverage of this treatment.
5. Copies of any peer-reviewed literature, technical assessments or expert medical opinions reviewed by your company regarding treatment of this nature and its efficacy.

On May 25th, 2023, the Food and Drug Administration approved POSLUMA<sup>®</sup> (flutufolastat F 18) injection, an <sup>18</sup>F-labeled Prostate Specific Membrane Antigen (PSMA) agent that is the first and only commercially available radiohybrid (rh) F-18 PET diagnostic radiopharmaceutical. POSLUMA<sup>®</sup> (flutufolastat F 18) injection is indicated for position emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level

On behalf of the patient, I am requesting reconsideration of the use of POSLUMA PET imaging to [describe intended clinical use].

#### Patient's Medical History

[provide patient information regarding condition, symptoms and history related to his prostate cancer]

#### Clinical Rationale / Supporting Information

[provide clinical rationale for ordering POSLUMA scan and supporting documentation]

I respectfully request that you review the information provided and reevaluate your coverage of POSLUMA PET imaging for [patient name]. If you have any further questions about this request, please contact me at [insert practice phone number]. I look forward to your reconsideration.

Thank you in advance for your immediate attention to this request.

Sincerely

[Physician's Name]  
 [Physician's Practice Name]  
 [Practice Address]



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# Template: Letter for Appeal of Denial

## Enclosure

1. POSLUMA FDA Approval Letter
2. POSLUMA Package insert. Oxford, UK: Blue Earth Diagnostics Ltd; May 2023.

[Enclose additional documents as specifically required by payer in appeal procedures or supportive of use.]

May also include:

- Copy of the original claim
- Designated payer-specific appeal form
- Copy of the denial notification from the payer
- Patient's complete medical history

**References:** **1.** Fendler WP, et al. PSMA PET/CT: joint EANM procedure guideline/SNMMI procedure standard for prostate cancer imaging 2.0. Fendler WP et al. *Eur J Nucl Med Mol Imaging*. 2023 Apr;50(5):1466-1486; <https://doi.org/10.1007/s00259-022-06089-w> **2.** Wurzer A, Di Carlo D, Schmidt A, et al. Radiohybrid ligands: a novel tracer concept exemplified by 18F- or 68Ga-labeled rhPSMA inhibitors. *J Nucl Med*. 2020;61(5):735-742. **3.** Jani AB, et al. Diagnostic performance and safety of 18F-rhPSMA-7.3 PET in men with suspected prostate cancer recurrence: results from a Phase 3, prospective, multicenter study (SPOTLIGHT). Jani AB et al. *J Urol*. 2023 Aug;210(2):299-311; doi/10.1097/JU.0000000000003493 **4.** Surasi DS et al. *Eur Urol*. 2023 Oct;84(4):361-370. **5.** Gafita A, et al. *ur J Nucl Med Mol Imaging*. 2022 Oct;49(12):4271-4281 **6.** Karimzadeh A, et al. 177Lu-PSMA-I&T for treatment of metastatic castration resistant prostate cancer: prognostic value of scintigraphic and clinical biomarkers. *J Nucl Med* 2023; 64:402-9 **7.** Langbein T, et al. Utility of 18F-rhPSMA-7.3 PET for imaging of primary prostate cancer and preoperative efficacy in N-staging of unfavorable intermediate- to very high-risk patients validated by histopathology. *J Nucl Med* 2022;63:1334-42 **8.** Malaspina S, et al. Kinetic analysis and optimisation of 18F-rhPSMA-7.3 PET imaging of prostate cancer. *Eur J Nuc Med Mol Imaging* 2021;48:3723-31 **9.** Malaspina S, et al. Uptake of 18F-rhPSMA-7.3 in PET imaging of prostate cancer – a phase 1 proof-of-concept study. *CBR*. 2022; 37(3):205-213 **10.** Rauscher I, et al. Detection efficacy of 18F-rhPSMA-7.3 PET/CT and impact on management in patients with biochemical recurrence of prostate cancer after radical prostatectomy and before potential salvage treatment. *J Nucl Med* 2021;62:1719-26 **11.** Surasi, D S, et al., Diagnostic Performance and Safety of Positron Emission Tomography with 18F-rhPSMA-7.3 in Patients with Newly Diagnosed Unfavourable Intermediate- to Very-high-risk Prostate Cancer: Results from a Phase 3, Prospective, Multicentre Study (LIGHTHOUSE), Surasi DS et al. *Eur Urol*. 2023 Oct;84(4):361-370, <https://doi.org/10.1016.j.eururo.2023.06.018>. **12.** Tolvanen T, et al. Safety, biodistribution, and radiation dosimetry of 18F-rhPSMA-7.3 in healthy adult volunteers. *J Nucl Med* 2021;62:679-84



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# Template: Medicare Advantage Denial Appeal

[Date]

[Contact at Health insurer]  
 [His/Her Title]  
 [Name of health Insurance Company]  
 [Address]  
 [City, State, ZIP code]

Patient: [Name]  
 Patient Date of Birth: [DOB]  
 Insurance ID number: [Policy Number]  
 Claim Number: [Insert Claim#]

## Re: POSLUMA<sup>®</sup> (flutufolastat F 18) injection PET Scan Denial

Dear [MA Plan Medical Director]:

I am writing this letter to formally request a reconsideration of the adverse determination for a POSLUMA<sup>®</sup> (flutufolastat F 18) injection PET scan for the above-referenced patient. It is my understanding based on your letter of denial dated [insert date] that this procedure has been denied because: [insert language from denial letter indicating initial treatment strategy is a non-covered indication].

As documented below, on May 25th, 2023, the Food and Drug Administration approved POSLUMA<sup>®</sup> (flutufolastat F 18) injection, an F-18-labeled Prostate Specific Membrane Antigen (PSMA) agent that is the first and only commercially available radiohybrid™ (rh) F-18 PET diagnostic radiopharmaceutical. POSLUMA<sup>®</sup> (flutufolastat F 18) injection is indicated for position emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level

Medicare currently has a National Coverage Determination (NCD) for Positron Emission Tomography (PET) Scans which allows local contractors to determine coverage for newly approved PET agents by the FDA. Specifically, NCD 220.6 (Jan. 1, 2022), available at <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=211>, provides:

*"Effective January 1, 2022, the Centers for Medicare & Medicaid Services removed the umbrella national coverage determination (NCD) for Positron Emission Tomography (PET) Scans. In the absence of an NCD, coverage determinations for all oncologic and nononcologic uses of PET that are not included in another NCD under section 220.6 will be made by the Medicare Administrative Contractors under section 1862(a)(1)(A) of the Social Security Act. All PET indications currently covered or non-covered under NCDs under section 220.6 remain unchanged and MACs shall not alter coverage for indications covered under NCDs."*

In addition, according to Medicare's "Managed Care Manual", Chapter 4 - Benefits and Beneficiary Protections, Section 10.2 - "Basic Rule", <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>, "An MAO offering a MA plan must provide enrollees in that plan with all Part A and Part B original Medicare services, if the enrollee is entitled to benefits under both parts, and Part B services if the enrollee is a grandfathered "Part B only" enrollee. The MAO fulfills its obligation of providing original Medicare benefits by furnishing the benefits directly, through arrangements, or by paying for the benefits on behalf of enrollees."

Because Medicare's Managed Care Manual provides that a Medicare Advantage Organization must provide enrollees with same services as are covered under original Medicare, [MA Plan] must cover POSLUMA<sup>®</sup> – whether for initial treatment strategy or subsequent treatment strategy – where medically reasonable and necessary for the patient.

Because Medicare's Managed Care Manual provides that a Medicare Advantage Organization must provide enrollees with same services as are covered under original Medicare, [MA Plan] must cover POSLUMA<sup>®</sup> – whether for initial treatment strategy or subsequent treatment strategy – where medically reasonable and necessary for the patient.

It is my opinion that based on my patient's clinical history, as outlined below, the use of POSLUMA PET Imaging is appropriate and medically necessary for [patient name] and should be covered by [MA Plan].



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# Template: Medicare Advantage Denial Appeal

[This is where you should summarize your rationale as to why a POSLUMA™ PET scan is appropriate and medically necessary for the patient. Consider including the following information:]

- Description of patient's condition, date of original diagnosis and history related to his Prostate CA
- Current symptoms
- Circumstances surrounding care, need for diagnostic imaging with POSLUMA™
- Previous diagnostic tests, therapies, and any complications
- Any other relevant information

I respectfully request that you review the information provided and re-evaluate your coverage of POSLUMA PET Imaging for [patient name]. If you have any further questions about this request, please contact me at [insert practice phone number].

Thank you in advance for your immediate attention to this request. I look forward to your reconsideration.

Sincerely,

[Physician's Name]

[Physician's Practice Name]

[Practice Address]

[Phone Number]

## Enclosure

1. POSLUMA FDA Approval Letter
2. POSLUMA. Package insert. Blue Earth Diagnostics Ltd; 2023.

[Enclose additional documents as specifically required by payer in appeal procedures or supportive of use.]

May also include:

- Copy of the original claim
- Designated payer-specific appeal form
- Copy of the denial notification from the payer
- Patient's complete medical history
- ACR Appropriate Use Criteria

**References:** **1.** Fendler WP, et al. PSMA PET/CT: joint EANM procedure guideline/SNMMI procedure standard for prostate cancer imaging 2.0. *Eur J Nucl Med Mol Imaging* 2023; <https://doi.org/10.1007/s00259-022-06089-w> **2.** Wurzer A, Di Carlo D, Schmidt A, et al. Radiohybrid ligands: a novel tracer concept exemplified by 18F- or 68Ga-labeled rhPSMA inhibitors. *J Nucl Med*. 2020;61(5):735-742. **3.** Jani AB, et al. Diagnostic performance and safety of 18F-rhPSMA-7.3 PET in men with suspected prostate cancer recurrence: results from a Phase 3, prospective, multicenter study (SPOTLIGHT). *J Urol*. 2023 Aug;210(2):299-311: doi/10.1097/JU.0000000000003493 **4.** Surasi DS et al. *Eur Urol*. 2023 Oct;84(4):361-370. **5.** Gafita A, et al. *ur J Nucl Med Mol Imaging*. 2022 Oct;49(12):4271-4281 **6.** Karimzadeh A, et al. 177Lu-PSMA-I&T for treatment of metastatic castration resistant prostate cancer: prognostic value of scintigraphic and clinical biomarkers. *J Nucl Med* 2023; 64:402-9 **7.** Langbein T, et al. Utility of 18F-rhPSMA-7.3 PET for imaging of primary prostate cancer and preoperative efficacy in N-staging of unfavorable intermediate- to very high-risk patients validated by histopathology. *J Nucl Med* 2022;63:1334-42 **8.** Malaspina S, et al. Kinetic analysis and optimisation of 18F-rhPSMA-7.3 PET imaging of prostate cancer. *Eur J Nuc Med Mol Imaging* 2021;48:3723-31 **9.** Malaspina S, et al. Uptake of 18F-rhPSMA-7.3 in PET imaging of prostate cancer – a phase 1 proof-of-concept study. *CBR*. 2022; 37(3):205-213 **10.** Rauscher I, et al. Detection efficacy of 18F-rhPSMA-7.3 PET/CT and impact on management in patients with biochemical recurrence of prostate cancer after radical prostatectomy and before potential salvage treatment. *J Nucl Med* 2021;62:1719-26 **11.** Surasi, D S, et al., Diagnostic Performance and Safety of Positron Emission Tomography with 18F-rhPSMA-7.3 in Patients with Newly Diagnosed Unfavourable Intermediate- to Very-high-risk Prostate Cancer: Results from a Phase 3, Prospective, Multicentre Study (LIGHTHOUSE), *Eur Urol* (2023), <https://doi.org/10.1016/j.eururo.2023.06.018>. **12.** Tolvanen T, et al. Safety, biodistribution, and radiation dosimetry of 18F-rhPSMA-7.3 in healthy adult volunteers. *J Nucl Med* 2021;62:679-84



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# Sample Hospital Setting Billing

## UB-04

Key components of this form are illustrated on the sample form below.

1 Hospital Name One Hospital Place City, State 00000		2 Pay - To Name Pay - To Address (if different from billing provider in FL1)		3a PAT. CONT. #	4 TYPE OF BILL
8 PATIENT NAME		9 PATIENT ADDRESS		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC
16 DHR		17 STAT	18	19	20
21		22		23	
24		25		26	
27		28		29	
30		31		32	
33		34		35	
36		37		38	
39		40		41	
42		43		44	
45		46		47	
48		49		50	
51		52		53	
54		55		56	
57		58		59	
60		61		62	
63		64		65	
66		67		68	
69		70		71	
72		73		74	
75		76		77	
78		79		80	
81		82		83	
84		85		86	
87		88		89	
90		91		92	
93		94		95	
96		97		98	
99		100		101	

**Form Locator 46 (Units of Service)**

Enter the number of units based on the HCPCS code descriptor/# mCi injected or payer reporting instructions. Label recommended patient dose is 8 mCi.

**Form Locator 44 (HCPCS/Rate/HIPPS Code)**

Enter the CPT® or HCPCS code for the procedure, radiopharmaceutical, and drug. Possible codes include the following:

- 78815** PET/CT imaging, skull base to mid-thigh (most common procedure code used for oncologic PET imaging)
- A9608** Flutufolastat f 18, diagnostic, 1 millicurie

Enter the NDC # in Form Locator 43

**Form Locator 42 (Rev. CD.)**

Enter Revenue Code. Possible codes include the following:

- 0308** PET
- 0341** Nuclear Medicine Diagnostic
- 0636** Pharmacy, drugs requiring detailed coding
- 0343** Diagnostic Radiopharmaceutical

\*Providers should verify Revenue Coding with Hospital Finance Dept.

**Form Locator 67 (Principal Diagnosis Code)**

Enter the ICD-10 code for the principal diagnoses. Possible codes include the following:

- C61** Malignant neoplasm of prostate
- R97.21** Rising PSA following prior treatment for malignant neoplasm of the prostate
- R97.20** Elevated prostate specific antigen (PSA)
- Z85.46** Personal history of malignant neoplasm of prostate
- Z19.1** Hormone sensitive malignancy status
- Z19.2** Hormone resistant malignancy status

**Special note:** Do not use the decimal point on the claim form, as it may cause rejection of the claim. Up to 8 additional diagnoses that coexist with the principal diagnosis can be reported in FL 67 A-H.

**Note:** effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discard amounts. For more information go to: <https://www.cms.gov/files/document/mm13056-new-jz-claims-modifier-certain-medicare-part-b-drugs.pdf>



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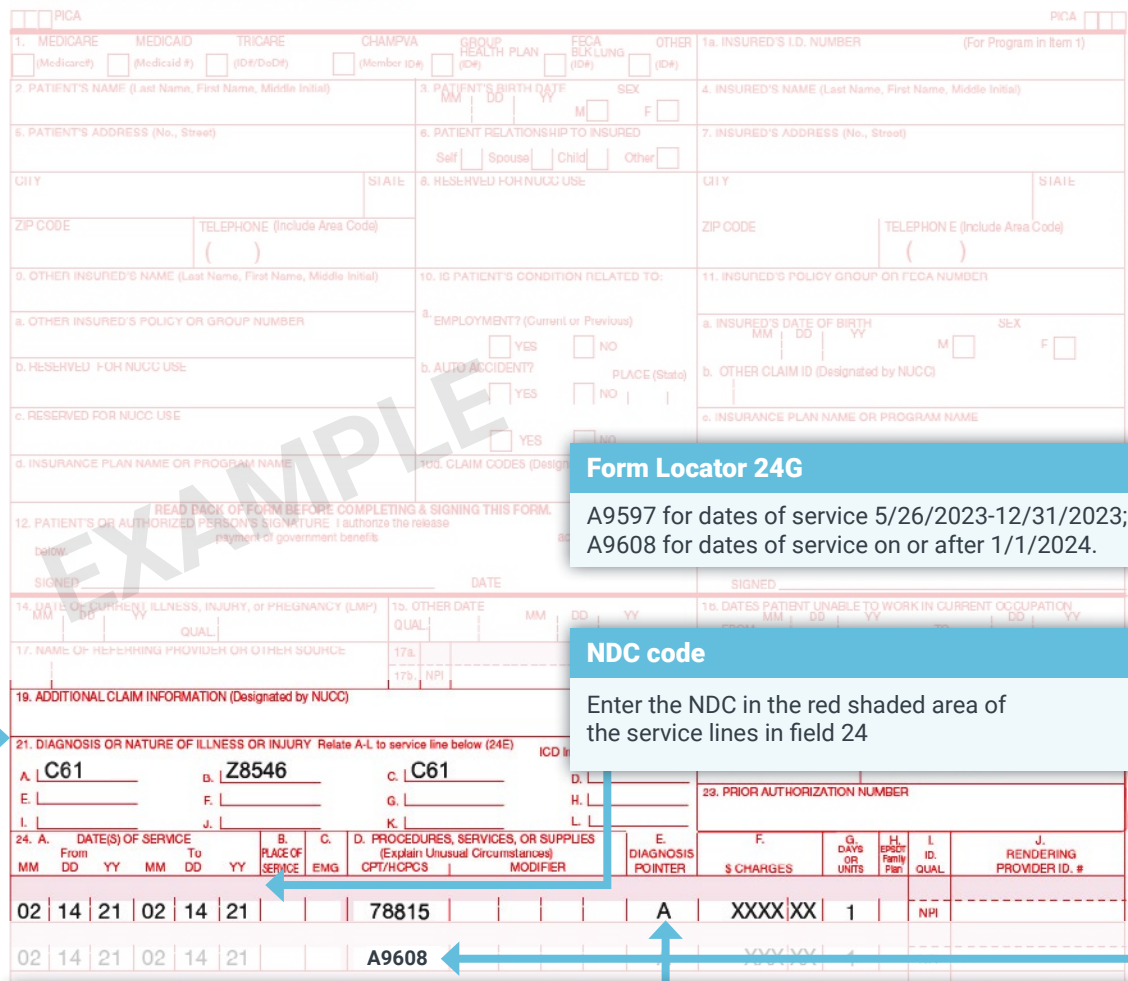
Patient Benefit Investigation Form

# Sample Physician Billing Global Nonhospital Outpatient Setting CMS-1500

Key components of this form are illustrated on the sample form below.

## HEALTH INSURANCE CLAIM FORM

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



**Form Locator 24G**  
 A9597 for dates of service 5/26/2023-12/31/2023;  
 A9608 for dates of service on or after 1/1/2024.

**NDC code**  
 Enter the NDC in the red shaded area of the service lines in field 24

**Form Locator 21 and 24E**

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. PROCEDURE(S), SERVICE(S), OR SUPPLIES		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. UNITS OR UNITS		H. SPECIALTY		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From	To	EMG	CPT/HCPCS	MODIFIER													
02	14	21	02	14	21	78815	A	XXXX	XX	1							
02	14	21	02	14	21	A9608											

**FL 21** Enter ICD-10 code for principal diagnosis in FL 21. Possible codes include the following:

- C61** Malignant neoplasm of prostate
- R97.21** Rising PSA following prior treatment for malignant neoplasm of the prostate
- R97.20** Elevated prostate specific antigen (PSA)
- Z85.46** Personal history of malignant neoplasm of prostate
- Z19.1** Hormone sensitive malignancy status
- Z19.2** Hormone resistant malignancy status

**Special note:**  
 Do not use the decimal point on the claim form, as it may cause rejection of the claim.

**FL 24E** Enter the letter corresponding to the diagnosis code for the procedure in FL 24E



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# POSLUMA<sup>®</sup> (flutufolastat F 18)

## Access and Reimbursement Information

The purpose of this resource is to offer information to providers and payers regarding reimbursement for POSLUMA<sup>®</sup> (flutufolastat F 18). Reimbursement information and processes will evolve over time, as they do with any prescription drug.

Please visit <https://www.prostatecancer-blueearthdx.com/insights-and-resources#access-support> periodically for the most up-to-date information.

### REIMBURSEMENT SUPPORT HELPLINE

 **Telephone**  
**1-855-495-9200**

**Hours of Operation:** Telephone support is available Monday through Friday, from 9 AM to 8 PM EST.

 **Fax**  
**1-877-309-7514**

 **Email**  
**reimbursement@blueearthdx.com**

### NEW REIMBURSEMENT SUPPORT TO HELP PATIENTS ACCESS POSLUMA

- **Benefit investigation:** Investigation of patient insurance benefits, including deductible and copayments, and coverage status for POSLUMA and PET/CT, including insurance requirements and possible coverage restrictions
- **Prior authorization (PA) assistance:** Information on PA requirements\*
- **Appeal assistance:** Information on appeals requirements for denied prior authorizations or denied claims<sup>†</sup>

#### ADDITIONAL SUPPORT OFFERED

- **Billing, coding, and claims information:** Assistance with questions specific to billing, coding, and claims submission for POSLUMA and PET
- **Patient support:** Support with issues related to reimbursement coverage, claim submission, and payment denials

#### Patient enrollment

Practice submits patient enrollment form to helpline and is contacted within 24 hours

#### Benefit investigation

Helpline conducts benefit investigation and notifies practice within 24 to 48 hours

#### Prior authorization assistance

Helpline assists practice in understanding PA requirements, submits and follows up within 48 to 72 hours\*

#### Appeal assistance

Helpline assists practice in understanding appeal requirements for a denied PA or claim

\*Prior Authorization response time varies by payer.

<sup>†</sup>Helpline provides information about PA/appeals requirements, and, at the provider's option, submits PA forms completed by the provider to the payer.



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#### Fillable Forms

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# POSLUMA Order Form

If you would like to refer a patient for a POSLUMA PET/CT scan, please complete this form and fax it to a POSLUMA imaging site. To locate an POSLUMA imaging site, visit [www.POSLUMA.com/imaging-center-locator](http://www.POSLUMA.com/imaging-center-locator).

## PATIENT INFORMATION

Patient name	Date of birth	Phone
Primary insurance	Subscriber ID	Prior authorization #
Secondary insurance	Subscriber ID	Prior authorization #

## CLINICAL SIGNS/SYMPTOMS

ICD-10	Other	CPT Code
<input type="checkbox"/> R97.20 <input type="checkbox"/> C61	_____	<input type="checkbox"/> 78811 <input type="checkbox"/> 78814
<input type="checkbox"/> R97.21 <input type="checkbox"/> Z19.1	_____	<input type="checkbox"/> 78812 <input type="checkbox"/> 78815
<input type="checkbox"/> Z85.46 <input type="checkbox"/> Z19.2	_____	<input type="checkbox"/> 78813 <input type="checkbox"/> 78816

## PRIOR TREATMENT

**Radical prostatectomy**  Yes     No

Physician	Date
_____	_____

**Radiation therapy to prostate**  Yes     No

Physician	Date
_____	_____

**Currently undergoing ADT**  Yes     No

Physician	Date
_____	_____

## PATIENT PREPARATION AND PRECAUTIONS

### Preparing for an POSLUMA scan

- Patients should drink water prior to POSLUMA administration and continue drinking and voiding frequently for first few hours after administration.
- Patient should void immediately prior to imaging.
- Scan duration is approximately 20 minutes.

## PREVIOUS SCANS

<input type="checkbox"/> CT Date: _____	<input type="checkbox"/> MR Date: _____	<input type="checkbox"/> Bone scan Date: _____	<input type="checkbox"/> Negative PSMA PET Scan Date: _____
--------------------------------------------	--------------------------------------------	---------------------------------------------------	----------------------------------------------------------------

I verify that the above information is complete and accurate to the best of my knowledge and that I have prescribed POSLUMA based on my independent professional judgment of medical necessity.

Physician or nurse practitioner signature	Date
_____	_____
Physician or nurse practitioner printed name	
_____	

# Patient Benefit Investigation Form

Phone: 1-855-495-9200

Fax: 1-877-309-7514

Email: reimbursement@blueearthdx.com

## REQUESTED SERVICE

- Benefit investigation only       Prior authorization assistance  
 Appeal/denial assistance

**The following information should be filled out by your healthcare provider**

**HCPCS:**  A9608 (01/01/2024 and beyond)

**CPT<sup>®</sup> codes:**  78815     Other: \_\_\_\_\_

- Diagnosis code C61**                       **Diagnosis code R97.20**  
 **Diagnosis code Z85.46**                 **Diagnosis code Z19.1**  
 **Diagnosis code R97.21**                 **Diagnosis code Z19.2**  
 Other: \_\_\_\_\_

**For new diagnosis of prostate cancer: (please select the risk group that best describes the patient's condition)**

- Unfavorable Intermediate**     **High**     **Very High**

**Suspicion of recurrent disease after previously treated prostate cancer:**  Yes     No

**Suspected recurrence based on:**

**Elevated PSA levels:** \_\_\_\_\_

**Prior studies/treatment:** \_\_\_\_\_

**Radical prostatectomy**             Yes     No    Date: \_\_\_\_\_

**Radiation therapy to prostate**  Yes     No    Date: \_\_\_\_\_

**Other treatments:** \_\_\_\_\_ Date: \_\_\_\_\_

**Previous imaging studies:**  CT     MRI     Bone scan

Other: \_\_\_\_\_

I verify that the patient and physician information contained in this enrollment form is complete and accurate to the best of my knowledge and that I have prescribed POSLUMA based on my professional, independent judgment of medical necessity and it will be used as directed. I certify that I have received the appropriate permission from the patient and met any other applicable requirements imposed under the Health Insurance Portability and Accountability Act of 1996 and/or state law needed to release the above information to Blue Earth Diagnostics and its agents for the purposes of verifying the patient's insurance coverage, on my patient's behalf, and providing information on prior authorization and/or appeals for denials of claims. I authorize the Reimbursement Support Helpline Program to perform a preliminary assessment of insurance and benefit investigation for the above-named patient, and I further authorize and request that the Program provide to me information regarding POSLUMA for my reference in completing documentation as may be required by the patient's health plan. I further authorize POSLUMA Reimbursement Support to submit, at my request, information provided by me on this form and documentation completed by me to applicable health plans.

\_\_\_\_\_  
 Prescriber signature required (no stamps)      Date

## PATIENT DEMOGRAPHIC INFORMATION

First name \_\_\_\_\_ MI \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mobile phone # \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_  
 Email \_\_\_\_\_ DOB \_\_\_\_\_  
 Primary insurance \_\_\_\_\_  
 Policy holder \_\_\_\_\_ Group # \_\_\_\_\_  
 Policy # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Secondary insurance \_\_\_\_\_  
 Policy holder \_\_\_\_\_ Group # \_\_\_\_\_  
 Policy # \_\_\_\_\_ Phone # \_\_\_\_\_



**NOTE: Copy of insurance card(s) acceptable in lieu of completing insurance information above. Please include both sides of card.**

## REFERRING PHYSICIAN INFORMATION

Physician name \_\_\_\_\_  
 Physician specialty \_\_\_\_\_  
 Practice name \_\_\_\_\_  
 Practice address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 TIN # \_\_\_\_\_ Medicare PTAN \_\_\_\_\_  
 NPI # \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Contact phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Contact email \_\_\_\_\_

## SITE OF POSLUMA PET/CT SCAN

Hospital outpatient     Physician practice  
 Independent diagnostic testing facility  
 Other: \_\_\_\_\_  
 Name of facility \_\_\_\_\_  
 TIN # \_\_\_\_\_ Medicare PTAN \_\_\_\_\_  
 NPI # \_\_\_\_\_  
 Facility contact name \_\_\_\_\_  
 Facility contact phone # \_\_\_\_\_  
 Facility contact email \_\_\_\_\_

# Patient Benefit Investigation Form

## PATIENT AUTHORIZATION TO SHARE HEALTH INFORMATION

I understand that I must authorize the use and disclosure of certain personal health information (“PHI”) before I can receive assistance through the Reimbursement Support Helpline Program (the “Program”). I hereby authorize my healthcare providers, pharmacies, and health plan(s) to disclose my PHI related to my medical condition and treatment, and all information provided on this patient enrollment form, to Blue Earth Diagnostics, the manufacturer of POSLUMA, and to its agents and the administrator of the Program (collectively, the “Recipients”). I further authorize the Recipients to use and disclose my PHI for the purposes of establishing my eligibility for benefits from my health plan or other programs, providing educational and reimbursement support, communicating with my healthcare providers and health plan(s), and for Blue Earth Diagnostics’ internal business purposes, including quality control and compliance. I understand that signing this authorization is voluntary and that if I were to refuse to sign, that would not affect my eligibility for health plan benefits or ability to obtain treatment by my healthcare providers. I also understand, however, that if I refuse to sign, I will not have access to the services offered by the Program. I also understand that if I sign this authorization, I can cancel it at any time by notifying Blue Earth Diagnostics in writing at [reimbursement@blueearthdx.com](mailto:reimbursement@blueearthdx.com). Upon receiving my notice of cancellation, Blue Earth Diagnostics would stop using this authorization to access, use, or disclose my PHI, and would notify my healthcare providers and health plan(s) of the cancellation, but the cancellation would not invalidate reliance on the authorization prior to its cancellation. I understand that once disclosures of my PHI pursuant to this authorization have occurred, that PHI may no longer be protected by certain federal or state privacy laws and therefore could potentially be re-disclosed to others.

This authorization will expire 5 years after the date it is signed below or at such earlier time as may be required by applicable state law. I have read this authorization or have had it explained to me. I understand that I will receive a copy of this authorization after I sign it.

Patient signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Printed name

Abbreviations: CPT, current procedural terminology; HCPCS, Healthcare Common Procedure Coding System.

CPT<sup>®</sup> is a registered trademark of the American Medical Association. CPT Copyright 2024 American Medical Association. All rights reserved.

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use POSLUMA® safely and effectively. See [full prescribing information](#) for POSLUMA.

### POSLUMA (flotufolostat F 18) injection, for intravenous use

Initial U.S. Approval: 2023

#### INDICATIONS AND USAGE

POSLUMA is a radioactive diagnostic agent indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer:

- with suspected metastasis who are candidates for initial definitive therapy
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level. (1)

#### DOSAGE AND ADMINISTRATION

- Recommended amount of radioactivity of POSLUMA is 296 MBq (8 mCi) administered as an intravenous bolus injection. (2.2)
- Initiate imaging approximately 60 minutes after administration. Scanning should start from mid-thigh and proceed to base of skull. (2.4)
- See full prescribing information for additional preparation, handling, administration, imaging, and radiation dosimetry information. (2.3, 2.4)

#### DOSAGE FORMS AND STRENGTHS

Injection: 296 MBq/mL to 5,846 MBq/mL (8 mCi/mL to 158 mCi/mL) as flotufolostat F 18 gallium in approximately 25 mL at end of synthesis in a multiple-dose vial. (3)

#### CONTRAINDICATIONS

None. (4)

#### WARNINGS AND PRECAUTIONS

- Risk of Image Misinterpretation: Image interpretation errors can occur with POSLUMA imaging. Interpretation of POSLUMA PET may differ depending on imaging readers in patients with suspected recurrence of prostate cancer. Consider multidisciplinary consultation and histopathological confirmation. (5.1, 14.2)
- Radiation risk: POSLUMA contributes to a patient's long-term cumulative radiation exposure. Ensure safe handling to protect patients and health care workers from unintentional radiation exposure. (2.1, 5.2)

#### ADVERSE REACTIONS

The most common adverse reactions (≥0.4%) are diarrhea, blood pressure increase, and injection site pain. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Blue Earth Diagnostics Ltd at 1-844-POSLUMA (1-844-767-5862) or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

See 17 for PATIENT COUNSELING INFORMATION

Revised: 5/2023

## FULL PRESCRIBING INFORMATION: CONTENTS\*

### HIGHLIGHTS OF PRESCRIBING INFORMATION

#### 1 INDICATIONS AND USAGE

#### 2 DOSAGE AND ADMINISTRATION

- 2.1 Radiation Safety - Drug Handling
- 2.2 Recommended Dose and Administration Instructions
- 2.3 Patient Preparation
- 2.4 Image Acquisition
- 2.5 Image Display and Interpretation
- 2.6 Radiation Dosimetry

#### 3 DOSAGE FORMS AND STRENGTHS

#### 4 CONTRAINDICATIONS

#### 5 WARNINGS AND PRECAUTIONS

- 5.1 Risk of Image Misinterpretation
- 5.2 Radiation Risks

#### 6 ADVERSE REACTIONS

- 6.1 Clinical Trials Experience

#### 7 DRUG INTERACTIONS

#### 8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy
- 8.2 Lactation
- 8.4 Pediatric Use

#### 8.5 Geriatric Use

#### 10 OVERDOSAGE

#### 11 DESCRIPTION

- 11.1 Chemical Characteristics
- 11.2 Physical Characteristics
- 11.3 External Radiation

#### 12 CLINICAL PHARMACOLOGY

- 12.1 Mechanism of action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

#### 13 NONCLINICAL TOXICOLOGY

- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

#### 14 CLINICAL STUDIES

- 14.1 Imaging Prior to Initial Definitive Therapy of Prostate Cancer
- 14.2 Imaging for Suspected Recurrence of Prostate Cancer

#### 16 HOW SUPPLIED/STORAGE AND HANDLING

#### 17 PATIENT COUNSELING INFORMATION

\*Sections or subsections omitted from the full prescribing information are not listed.

# FULL PRESCRIBING INFORMATION

## 1 INDICATIONS AND USAGE

POSLUMA is indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer

- with suspected metastasis who are candidates for initial definitive therapy.
- with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level.

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Radiation Safety - Drug Handling

Handle POSLUMA with safety measures to minimize radiation exposure [see *Warnings and Precautions (5.2)*]. Use waterproof gloves, effective radiation shielding, including syringe shields, and other appropriate safety measures when handling and administering POSLUMA.

Radiopharmaceuticals should be used by or under the control of physicians who are qualified by specific training and experience in the safe use and handling of radionuclides, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.

### 2.2 Recommended Dose and Administration Instructions

#### Recommended Dose

The recommended amount of radioactivity to be administered in adults is 296 MBq (8 mCi) as an intravenous bolus injection.

#### Preparation and Administration Instructions

- Inspect POSLUMA visually for particulate matter and discoloration before administration. Do not use the drug if the solution contains particulate matter or is discolored.
- Use aseptic technique and radiation shielding when withdrawing and administering POSLUMA.
- Calculate the necessary volume to administer based on calibration time and required dose.
- The recommended maximum volume of undiluted POSLUMA is 5 mL.
- POSLUMA may be diluted with 0.9% Sodium Chloride Injection, USP.
- Assay the dose in a dose calibrator before administration.

#### Post Administration Instructions

- After the POSLUMA injection, administer an intravenous flush of sterile 0.9% Sodium Chloride Injection, USP to ensure full delivery of the dose.
- Dispose of any unused drug in a safe manner in compliance with applicable regulations.

## 2.3 Patient Preparation

Instruct patients to drink water prior to administration of POSLUMA to ensure adequate hydration and to continue drinking and voiding frequently for the first few hours following administration to reduce radiation exposure.

## 2.4 Image Acquisition

- Patients should void immediately prior to imaging.
- Position the patient supine with arms above the head.
- Begin image acquisition approximately 60 minutes after POSLUMA injection.
- Image acquisition should start from mid-thigh and proceed to the base of the skull.
- Scan duration is approximately 20 minutes depending on the number of bed positions and acquisition time per bed position (typically 3 minutes). Adapt imaging technique according to the equipment used and patient characteristics in order to obtain the best image quality possible.

## 2.5 Image Display and Interpretation

POSLUMA binds to PSMA. PET images obtained using POSLUMA indicate the presence of PSMA in tissues [see *Clinical Pharmacology (12.1)*]. Lesions should be considered suspicious if uptake is greater than physiologic uptake in that tissue or greater than adjacent background if no physiologic uptake is expected. Tumors that do not express PSMA will not be visualized. Increased uptake in tumors is not specific for prostate cancer [see *Warnings and Precautions (5.1)*].

## 2.6 Radiation Dosimetry

Estimated absorbed radiation doses for adult patients following intravenous injection of POSLUMA are shown in [Table 1](#). The effective radiation dose resulting from the administration of the recommended activity of 296 MBq of POSLUMA is 4.1 mSv. The radiation absorbed doses to the critical organs of adrenal glands, kidneys, and submandibular glands for the recommended activity of 296 MBq are 54.3 mGy, 51 mGy, and 43.8 mGy, respectively. When PET/CT is performed, exposure to radiation will increase by an amount dependent on the settings used in the CT acquisition.

**Table 1: Estimated Radiation Absorbed Doses in Organs/Tissues in Adults who Received POSLUMA**

Organ/Tissue	Absorbed Dose per Unit Administered Activity (mGy/MBq)
	Mean
Adrenal glands	0.184
Brain	0.002
Breasts	0.004
Gallbladder wall	0.017
Lower large intestine wall	0.007
Upper large intestine wall	0.01
Heart wall	0.02
Kidneys	0.172
Lacrimal glands	0.08*
Liver	0.062
Lungs	0.01



Muscle	0.006
Osteogenic cells	0.012
Ovaries	0.005
Pancreas	0.028
Parotid glands	0.114*
Red bone marrow	0.01
Skin	0.002
Small intestine	0.012
Spleen	0.083
Stomach wall	0.012
Sublingual glands	0.065*
Submandibular glands	0.148*
Testes	0.005
Thymus gland	0.01
Thyroid	0.01
Urinary bladder wall	0.006**
Uterus	0.011
<b>Effective dose (mSv/MBq)</b>	<b>0.014**</b>

\*The absorbed dose value reflects self-irradiation only; no dose contribution from other regions to the glands is added. \*\*A 1-hour bladder voiding interval is assumed.

### 3 DOSAGE FORMS AND STRENGTHS

Injection: 296 MBq/mL to 5,846 MBq/mL (8 mCi/mL to 158 mCi/mL) as flutemetastat F 18 gallium in approximately 25 mL at end of synthesis supplied as a clear, colorless solution in a multiple-dose vial.

### 4 CONTRAINDICATIONS

None.

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Risk of Image Misinterpretation

Image interpretation errors can occur with POSLUMA PET. A negative image does not rule out the presence of prostate cancer and a positive image does not confirm the presence of prostate cancer. The performance of POSLUMA for imaging metastatic pelvic lymph nodes in patients prior to initial definitive therapy seems to be affected by serum PSA levels and risk grouping [See *Clinical Studies (14.1)*]. The performance of POSLUMA for imaging patients with biochemical evidence of recurrence of prostate cancer seems to be affected by serum PSA levels [See *Clinical Studies (14.2)*]. Flutemetastat F 18 uptake is not specific for prostate cancer and may occur in other types of cancer, in non-malignant processes, and in normal tissues. Clinical correlation, which may include histopathological evaluation, is recommended.

#### Risk of Image Misinterpretation in Patients with Suspected Prostate Cancer Recurrence

The interpretation of POSLUMA PET may differ depending on imaging readers, particularly in the prostate/prostate bed region [see *Clinical Studies (14.2)*]. Because of the associated risk of false positive



interpretation, consider multidisciplinary consultation and histopathological confirmation when clinical decision-making hinges on flutufolastat F18 uptake only in the prostate/prostate bed region or only on uptake interpreted as borderline.

## 5.2 Radiation Risks

POSLUMA use contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk for cancer. Advise patients to hydrate before and after administration and to void frequently after administration. Ensure safe handling to minimize radiation exposure to the patient and health care providers [see *Dosage and Administration (2.1, 2.2)*].

## 6 ADVERSE REACTIONS

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of POSLUMA was evaluated in 747 patients with prostate cancer [see *Clinical Studies (14.1, 14.2)*]. All patients received a single administration of POSLUMA with an administered radioactivity (mean  $\pm$  SD) of  $307 \pm 23$  MBq ( $8.3 \pm 0.6$  mCi). The mean age of patients was 67 years (range: 43 to 86 years); distribution by race was 78% White, 12% Black or African American, 2% other, and 7% unreported; and distribution by ethnicity was 5% Hispanic/Latino, 87% non-Hispanic/Latino, and 8% unreported.

The adverse reactions reported in  $\geq 0.4\%$  of patients are shown in [Table 2](#).

**Table 2: Adverse Reactions in  $\geq 0.4\%$  of Patients with Prostate Cancer Receiving POSLUMA**

Adverse Reaction	POSLUMA N = 747 n (%)
Diarrhea	5 (0.7%)
Blood pressure increase	4 (0.5%)
Injection site pain	3 (0.4%)

## 7 DRUG INTERACTIONS

Androgen deprivation therapy (ADT) and other therapies targeting the androgen pathway, such as androgen receptor antagonists, can result in changes in uptake of flutufolastat F 18 in prostate cancer. The effect of these therapies on performance of POSLUMA PET has not been established.

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

#### Risk Summary

POSLUMA is not indicated for use in females. There are no available data on the use of POSLUMA in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted with flutufolastat F 18. Radioactive drugs, including POSLUMA, have the potential to cause fetal harm depending on the fetal stage of development and the magnitude of the radiation dose.

### 8.2 Lactation

#### Risk Summary

POSLUMA is not indicated for use in females. There are no data on the presence of flutufolastat F 18 in human milk, the effect on the breastfed infant, or the effect on milk production.

### 8.4 Pediatric Use

The safety and effectiveness of POSLUMA have not been established in pediatric patients.

### 8.5 Geriatric Use

Among the total number of patients receiving POSLUMA in clinical studies of prostate cancer, 463 (62%) were 65 years of age and older, while 118 (16%) were 75 years of age and older [see *Clinical Studies (14.1, 14.2)*]. No overall differences in safety or effectiveness were observed between these patients and younger adult patients.

## 10 OVERDOSAGE

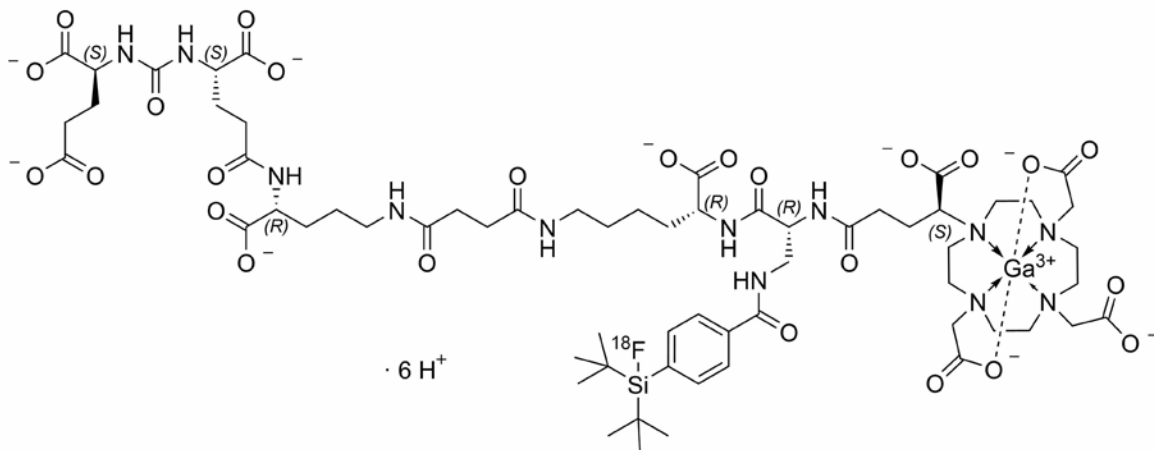
In the event of an overdose of POSLUMA, maintain hydration of the patient and frequent voiding to minimize radiation exposure. A diuretic might also be considered. If possible, an estimate of the radiation effective dose administered to the patient should be made.

## 11 DESCRIPTION

### 11.1 Chemical Characteristics

POSLUMA (flutufolastat F 18) injection is a radioactive diagnostic agent for intravenous use. The active ingredient of POSLUMA is flutufolastat F 18 gallium, of which the molecular structure includes a DOTAGA complex with nonradioactive gallium. Radioactive fluorine-18 is covalently bound to silicon.

Chemically, flutufolastat F 18 gallium is gallate(6-), [(4*S*,8*S*,13*R*,27*R*,30*R*,35*S*)-35-[4,10-bis[(carboxy-*kO*)methyl]-7-(carboxymethyl)-1,4,7,10-tetraazacyclododec-1-yl-*kN*<sup>1</sup>,*kN*<sup>4</sup>,*kN*<sup>7</sup>,*kN*<sup>10</sup>]-30-[[[4-[bis(1,1-dimethylethyl)fluoro-<sup>18</sup>F-silyl]benzoyl]amino]methyl]-1,3,6-dihydroxy-1,6,11,18,21,29,32,36-octaoxo-5,7,12,17,22,28,31-heptaazahexatriacontane-4,8,13,27-tetracarboxylato(9-)]-, hydrogen (1:6). The molecular weight is 1537.3 g/mol and the structural formula is:



POSLUMA is a sterile, non-pyrogenic, clear, colorless, and isotonic solution. Each mL contains up to 20 mcg of fltufolastat gallium, up to 5,846 MBq (158 mCi) as fltufolastat F 18 gallium at end of synthesis, and the following inactive ingredients: not more than 10% (v/v) alcohol, 1.9 mg anhydrous citric acid, 7.2 mg sodium chloride, and 0.75 mg sodium hydroxide to adjust pH between 4 and 6. POSLUMA contains no preservative.

## 11.2 Physical Characteristics

POSLUMA contains fluorine-18 (F 18) which is a cyclotron produced radionuclide that decays by positron emission ( $\beta^+$  decay, 96.7%) and orbital electron capture (3.3%) to stable oxygen-18 with a physical half-life of 109.8 minutes (Table 3). The principal photons useful for diagnostic imaging are the coincident pair of 511 keV gamma photons, resulting from the interaction of the emitted positron with an electron (Table 4).

**Table 3: Physical Decay Chart for Fluorine-18**

Minutes	Fraction Remaining
0	1
15	0.909
30	0.826
60	0.683
110	0.5
220	0.25

**Table 4: Principal Radiation Produced from Decay of Fluorine-18**

	Energy (keV)	Abundance (%)
Positron	249.8	96.7
Gamma	511	193.5

## 11.3 External Radiation

The point source air-kerma coefficient for F 18 is  $3.75 \times 10^{-17}$  Gy m<sup>2</sup>/(Bq s). The first half-value thickness of lead (Pb) for F 18 gamma rays is approximately 6 mm. The relative reduction of radiation emitted by F 18 that results from various thicknesses of lead shielding is shown in Table 5. The use of 8 cm of Pb will decrease the radiation transmission (i.e., exposure) by a factor of about 10,000.

**Table 5: Radiation Attenuation of 511 keV Gamma Rays by Lead Shielding**

Shield Thickness cm of Lead (Pb)	Coefficient of Attenuation
0.6	0.5
2	0.1
4	0.01
6	0.001
8	0.0001

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of action

Flotufolastat F 18 binds to PSMA (IC<sub>50</sub> = 4.4 nM) expressed on cells, including prostate cancer cells, and is internalized. Prostate cancer cells usually overexpress PSMA. Fluorine-18 is a β<sup>+</sup> emitting radionuclide that can be detected using positron emission tomography.

### 12.2 Pharmacodynamics

The relationship between flotufolastat F 18 plasma concentrations and image interpretation has not been fully characterized.

### 12.3 Pharmacokinetics

#### Distribution

Following intravenous administration, flotufolastat F 18 distributes to liver (15.8% of administered activity), heart blood pool (7.4%), and kidneys (3.2%) and is cleared from the blood.

#### Elimination

#### *Metabolism*

Flotufolastat F 18 does not undergo metabolism up to 50 minutes post injection.

#### *Excretion*

Elimination is by urinary excretion. Approximately 7% of the administered activity was excreted in the urine in the first 2 hours post-injection with approximately 15% excreted by 4.5 hours post-injection.

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Animal studies to assess the carcinogenicity or mutagenic potential of flutufolastat have not been conducted. However, flutufolastat F 18 has the potential to be mutagenic because of the F 18 radionuclide.

No studies in animals have been performed to evaluate potential impairment of fertility in males or females.

## 14 CLINICAL STUDIES

### 14.1 Imaging Prior to Initial Definitive Therapy of Prostate Cancer

The safety and efficacy of POSLUMA were evaluated in LIGHTHOUSE (NCT04186819), a prospective, multicenter, open-label, single-arm study in patients with prostate cancer who were candidates for initial definitive therapy.

The study enrolled 356 patients diagnosed with unfavorable intermediate-risk (32%) or high-/very high-risk prostate cancer (68%) who were candidates for radical prostatectomy and pelvic lymph node dissection (PLND). Unfavorable intermediate-risk was defined as having any  $\geq 2$  intermediate risk factors [T2b-T2c, Gleason score 7, PSA 10-20], Gleason pattern 4+3=7, or  $\geq 50\%$  of biopsy cores positive for prostate cancer. High or very high-risk was defined as having T3 or T4 disease, Gleason score  $\geq 8$ , primary Gleason pattern 5, and/or PSA  $>20$ .

All patients received a single dose of POSLUMA with an administered radioactivity (mean  $\pm$  SD) of  $307 \pm 23$  MBq ( $8.3 \pm 0.62$  mCi), followed by PET/CT scan from mid-thigh to base of the skull. Three central readers blinded to clinical information independently interpreted each scan for lesions considered positive for prostate cancer in pelvic lymph nodes, categorized by subregion and left and right laterality [see *Dosage and Administration (2.5)*]. Positive lesions in the prostate gland, lymph nodes outside the pelvis, soft tissue/parenchyma, and bones were also recorded.

A total of 296 patients (83%) underwent standard-of-care prostatectomy and template PLND and had sufficient histopathology data for evaluation of the pelvic lymph nodes. The mean age was 65 years (range 46 to 82 years); distribution by race was 82% White, 8% Black or African American, 0.3% other, and 10% unreported; and distribution by ethnicity was 5% Hispanic/Latino, 86% non-Hispanic/Latino, and 9% unreported. The median serum PSA was 8.4 ng/mL. The total Gleason score was 7 for 45%, 8 for 26%, and 9 for 25% of the patients, with the remainder of the patients having Gleason scores of 6 or 10. Approximately 24% of patients had pelvic lymph node metastases based on histopathology.

POSLUMA performance was evaluated against histopathology after matching by hemipelvis. [Table 6](#) shows the results, such that at least one true positive hemipelvis region defined a true positive patient.

**Table 6: Patient-Level, Hemipelvis Region-Matched Performance of POSLUMA PET for Detection of Pelvic Lymph Node Metastasis (N1) in LIGHTHOUSE**

N=296	Reader 1	Reader 2	Reader 3
True Positive	21	19	16

False Positive	16	14	7
True Negative	210	212	219
False Negative	49	51	54
Sensitivity, (%) [95% CI]	30% [20, 42]	27% [17, 39]	23% [14, 35]
Specificity, (%) [95% CI]	93% [89, 96]	94% [90, 97]	97% [94, 99]
Positive Predictive Value, (%) [95% CI]	57% [40, 73]	58% [39, 75]	70% [47, 87]
Negative Predictive Value, (%) [95% CI]	81% [76, 86]	81% [75, 85]	80% [75, 85]

CI= confidence interval

In exploratory analyses, there were numerical trends towards higher sensitivity among patients with PSA greater than or equal to the median value (8.4 ng/mL) and among patients with high-risk or very high-risk categorization.

POSLUMA-positive lesions outside of the prostate gland and pelvic lymph nodes (M1) were also evaluated. As a percentage of the 352 patients with an evaluable POSLUMA scan and of the 61 patients with at least one POSLUMA positive M1 lesion, 10% (95% CI: 7% to 13%) and 56% (95% CI: 42% to 68%), respectively, had at least one matching positive M1 lesion between the POSLUMA majority read and a reference standard consisting of other imaging evaluated by a separate consensus panel or histopathology.

## 14.2 Imaging for Suspected Recurrence of Prostate Cancer

The safety and efficacy of POSLUMA were evaluated in SPOTLIGHT (NCT04186845), a prospective, multicenter, open-label, single-arm study in patients with biochemical evidence of recurrent prostate cancer.

The study enrolled 391 patients with suspected recurrence defined by either serum PSA of at least 0.2 ng/mL after radical prostatectomy (with confirmatory PSA level also at least 0.2 ng/mL) or by an increase in serum PSA of at least 2 ng/mL above the nadir after other therapies.

All patients received a single dose of POSLUMA with an administered radioactivity (mean  $\pm$  SD) of 306  $\pm$  22 MBq (8.27  $\pm$  0.61 mCi), followed by PET/CT scan from mid-thigh to base of the skull. Three central readers blinded to clinical information independently interpreted each scan by region for the presence and location of lesions considered positive for prostate cancer [see *Dosage and Administration (2.5)*]. The regions interpreted were grouped into three for primary analysis: prostate/prostate bed; pelvic lymph nodes; and other (including extra-pelvic lymph nodes, bone, and soft tissue/parenchyma).

A total of 389 patients had an evaluable POSLUMA PET scan. The mean age was 68 years (range: 43 to 86 years); distribution by race was 75% White, 16% Black or African American, 4% other, and 5% unreported; and distribution by ethnicity 5% was Hispanic/Latino, 87% non-Hispanic/Latino, and 8% unreported. The median baseline serum PSA level was 1.1 ng/mL with 60% of patients having a baseline PSA <2.0 ng/mL. Prior treatment included radical prostatectomy in 79% of the patients.

POSLUMA-positive interpretations were compared to a reference standard of either histopathology or other imaging (CT, MRI, Technetium 99m bone scan, or fluciclovine F 18 PET) obtained within 90 days

of the POSLUMA scan using a lesion-to-lesion co-localization method and separate consensus panel. Reference standard information for negative interpretations was not collected.

At least one POSLUMA-positive lesion was detected by at least one reader in 366 patients (94%). Reference standard information consisted of imaging only (n=297) or histopathology (n=69). As a percentage of patients with an evaluable scan, 51% (95% CI: 46% to 56%) for reader 1, 48% (95% CI: 43% to 53%) for reader 2, and 49% (95% CI: 44% to 54%) for reader 3 had at least one matching positive region between the POSLUMA scan and the reference standard. Of all POSLUMA-positive regions, 46% (95% CI: 42% to 50%) for reader 1, 60% (95% CI: 55% to 66%) for reader 2, and 53% (95% CI: 48% to 58%) for reader 3 were categorized as positive by the reference standard.

Table 7 shows patient-level results from the majority read stratified by serum PSA level. Percent PET positivity was calculated as the percentage of patients with POSLUMA-positive lesions out of all patients with an evaluable PET scan. Percent PET positivity includes true and false positives and is not a measure of diagnostic performance.

**Table 7: Patient-Level POSLUMA PET Results and Percent PET Positivity Stratified by Serum PSA Level in SPOTLIGHT by Majority Read (N=389)**

PSA (ng/mL)	N	PET Positive Patients					PET Negative Patients	Percent PET Positivity [95% CI]
		Total	Histopathology		Imaging only <sup>a</sup>			
			PA	NPA	PA	NPA		
< 0.5	121	77	6	4	27	40	44	64% [54,72]
≥ 0.5 and < 1	67	51	7	3	24	17	16	76% [64,86]
≥ 1 and < 2	45	42	10	2	18	12	3	93% [82, 99]
≥ 2	156	152	33	3	84	32	4	97% [94, 99]
Total	389	322	56	12	153	101	67	83% [79, 86]

PSA = prostate-specific antigen, PA = positive agreement, NPA = no positive agreement, CI = confidence interval

<sup>a</sup>Imaging comprised of one or more of the following: CT, MRI, <sup>99m</sup>Tc Bone Scan, fluciclovine F 18 PET

#### Variable Interpretation in Patients with Suspected Prostate Cancer Recurrence

POSLUMA reader agreement was evaluated for the three central readers and 389 patients. Inter-reader Fleiss  $\kappa$  was 0.41 (95% CI: 0.39-0.43). The three readers agreed on the presence or absence of positive lesions across all five evaluated regions in 118 patients (30% unanimity) [see *Warning and Precautions (5.1)*].

Given the level of inter-reader agreement observed overall, POSLUMA reader agreement was further evaluated by regional subgroup. The Fleiss  $\kappa$  for was 0.40 (95% CI: 0.33-0.46) in the prostate/prostate bed, 0.73 (95% CI: 0.67-0.78) in the pelvic lymph nodes, and 0.62 (95% CI: 0.58-0.65) across the other regions.

## 16 HOW SUPPLIED/STORAGE AND HANDLING

### How Supplied

POSLUMA injection is supplied as a clear, colorless solution in a multiple-dose glass vial (NDC 69932-002-50) containing 296 MBq/mL to 5,846 MBq/mL (8 mCi/mL to 158 mCi/mL) as flutufolastat F 18 gallium in approximately 25 mL at end of synthesis.

### Storage and Handling

Store POSLUMA at 20°C to 25°C (68°F to 77°F) [see USP Controlled Room Temperature]. Store POSLUMA in the original container in radiation shielding. The expiration date and time are provided on the container label. Use POSLUMA within 10 hours from end of synthesis.

Dispose of unused POSLUMA in compliance with applicable regulations.

This preparation is approved for use by persons under license by the Nuclear Regulatory Commission or the relevant regulatory authority of an Agreement State.

## 17 PATIENT COUNSELING INFORMATION

### Adequate Hydration

Instruct patients to drink a sufficient amount of water to ensure adequate hydration before their PET study and urge them to drink and urinate as often as possible during the first hours following the administration of POSLUMA, in order to reduce radiation exposure [see *Dosage and Administration (2.3) and Warnings and Precautions (5.2)*].

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