

## Important Terms to know:

**APPEAL** If your health insurer refuses to cover your treatment, you have the right to appeal the decision, or have it reviewed by a third party called an Independent Review Entity (IRE).

**BENEFITS INVESTIGATION** A benefits investigation can determine the extent to which therapies are covered by your plan.

**COPAYMENT OR COINSURANCE** The part of a medical bill you must pay after the insurance pays their part.

**DEDUCTIBLE** A fixed amount of money you have to pay before any benefits will be paid by your insurance company.

**MEDICAL NECESSITY** Reasonable, necessary, and/or appropriate treatment based on evidence-based clinical standards of care.

**PRIOR AUTHORIZATION** An approval that an insurer requires before it will cover your therapy. If a Prior Authorization (PA) is not completed, your therapy may not be covered.



If this pocket is empty, please visit  
[www.PYLARIFY.com](http://www.PYLARIFY.com)  
for full Prescribing Information

### INDICATION

PYLARIFY® (piflutolastat F 18) Injection 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.

### IMPORTANT SAFETY INFORMATION

#### Contraindications

None.

#### Warnings and Precautions

##### Risk of Image Misinterpretation

Imaging interpretation errors can occur with PYLARIFY imaging. 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 PYLARIFY for imaging of patients with biochemical evidence of recurrence of prostate cancer seems to be affected by serum PSA levels. The performance of PYLARIFY for imaging of metastatic pelvic lymph nodes prior to initial definitive therapy seems to be affected by risk factors such as Gleason score and tumor stage. PYLARIFY uptake is not specific for prostate cancer and may occur with other types of cancer as well as non-malignant processes and in normal tissues. Clinical correlation, which may include histopathological evaluation of the suspected prostate cancer site, is recommended.

##### Hypersensitivity Reactions

Monitor patients for hypersensitivity reactions, particularly patients with a history of allergy to other drugs and foods. Reactions may be delayed. Always have trained staff and resuscitation equipment available.

##### Radiation Risks

Diagnostic radiopharmaceuticals, including PYLARIFY, expose patients to radiation. Radiation exposure is associated with a dose-dependent increased risk of cancer. Ensure safe handling and preparation procedures to protect patients and health care workers from unintentional radiation exposure. Advise patients to hydrate before and after administration and to void frequently after administration.

#### Adverse Reactions

The most frequently reported adverse reactions were headaches, dysgeusia and fatigue, occurring at rate of  $\leq 2\%$  during clinical studies with PYLARIFY. In addition, a delayed hypersensitivity reaction was reported in one patient (0.2%) with a history of allergic reactions.

#### 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 PYLARIFY in prostate cancer. The effect of these therapies on performance of PYLARIFY PET has not been established.

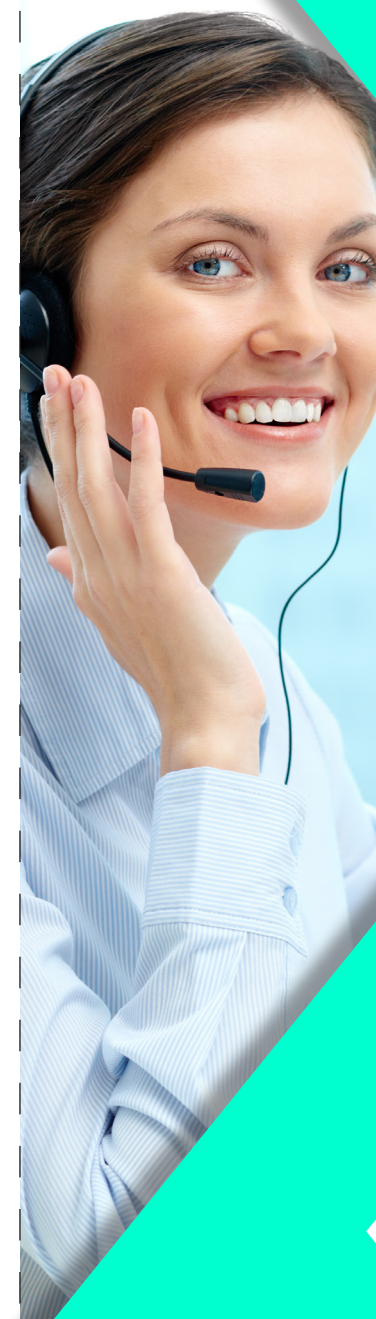
To report suspected adverse reactions for PYLARIFY, call 1-800-362-2668 or contact FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

For important risk and use information about PYLARIFY Injection, please see Full Prescribing information at [www.PYLARIFY.com](http://www.PYLARIFY.com); your Sales Representative; Customer Service - 1-800-946-0446; or scan this QR code with your smartphone or tablet.



# Welcome to the

## PYLARIFY® Support Hotline



# PYLARIFY® Support Hotline

Lantheus is committed to patients with prostate cancer, which is why we created PYLARIFY support, a suite of services designed to assist you.

➤ Accessible via dedicated





 phone  fax  email

➤ Staffed with experienced specialists in patient advocacy, pharmaceutical reimbursement, and patient case management

## Services Include:

- Answers regarding insurance coverage, billing, coding, prior authorization (PA) questions and ongoing patient support
- Benefit verifications and PA assistance
- Prior authorization (or Pre-Determination) support, upon request
- Appeals support for providers, patients and customize appeals and templates letters

## STEPS TO GETTING STARTED

-  **1 WELCOME CALL**  
Scheduled call with office staff to review the process and address questions
-  **2 IMMEDIATE PROVIDER ENROLLMENT**  
Office will complete and fax “Physician Intake Form” to Support Line
-  **3 PATIENT REFERRAL**  
Office will fax completed “Patient Consent Form” & “Patient Referral Form” with documentation
-  **4 COVERAGE/REIMBURSEMENT**  
Hotline will provide benefit verification, prior authorization & appeals support

## CONTACT US...

-  **PHONE: 844-339-8514**
-  **FAX: 844-339-8515**
-  **EMAIL:**  
[PYLARIFYSupport@argentaadvisors.com](mailto:PYLARIFYSupport@argentaadvisors.com)
-  **PRODUCT INFORMATION:**  
[www.pylarify.com](http://www.pylarify.com)
-  **HOURS OF OPERATION**  
8:00 AM - 5:00 PM Central  
Voicemail available after hours

NOTICE: Use of the PYLARIFY® Support Hotline does not guarantee insurance coverage or payment. Coverage is based upon patient eligibility, specific plan benefits, medical necessity, individual contracts and local coverage policies.

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