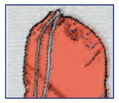
Patient Counseling Information

Radiation safety

- Patients who receive QUADRAMET should be advised that for several hours following administration, radioactivity will be present in excreted urine
- To help protect themselves and others in the environment, precautions need to be taken for 12 hours following administration

- Whenever possible, a toilet should be used, rather than a urinal, and the toilet should be flushed several times after each use

- Spilled urine should be cleaned up completely and patients should wash their hands thoroughly



- If blood or urine gets onto clothing, the clothing should be washed separately, or stored for 1-2 weeks to allow for decay of the Sm-153

- Patients drink a minimum of 500 mL (8 oz) and void as often as possible during the first few hours after the injection to minimize radiation exposure in the urinary bladder

Flare

- Some patients (7% in controlled trials) have reported a transient increase in bone pain shortly after injection (flare reaction)

— This is usually mild and self-limiting and occurs within 72 hours of injection

— Such reactions are usually responsive to analgesics

Pain management

- Patients who respond to QUADRAMET may begin to notice the onset of pain relief one week after administration
- Maximal pain relief generally occurs 3 to 4 weeks after injection of QUADRAMET
- Patients who experience a reduction in pain may be encouraged to decrease their use of opioid analgesics
- Patients should be counseled against precipitous discontinuation of opioid analgesics

Follow-up

- Beginning 2 weeks after QUADRAMET administration, blood counts should be monitored weekly for at least 8 weeks or until recovery of adequate bone marrow function
- Periodic assessment of bone pain over the following months will alert the patient and healthcare team if there is a need to consider repeat administration of QUADRAMET

Important Safety Information

Patients taking Quadramet should have blood counts monitored for at least 8 weeks, or until recovery of adequate bone marrow function. Quadramet should not be used in patients who have known hypersensitivity to EDTMP or similar phosphonate compounds; women of childbearing age should have a negative pregnancy test before administration of Quadramet. If Quadramet is administered to a nursing mother, formula feeding should be substituted for breast feeding.

Please see accompanying full prescribing information.

Reference: Quadramet (samarium Sm153 lexidronam injection) prescribing information. April 2008.

EUSAPharma

Getting Started With QUADRAMET®

Oncologist	Office Staff
1. Oncologist writes the referral	2. If insurance verification or precertification assistance is required, please call the reimbursement support hotline at 888-900-2674 3. Obtains CBC with platelets if not done recently
	4. Benefits verification* if needed
	5. Schedules Quadramet injection at a facility licensed to administer Samarium-153 6. Notifies patient of date and time† 7. Schedules a 2-week follow-up with patient 8. Reviews Quadramet information with patient, including radiation safety, possible flare reaction, pain management and follow-up schedule
	9. Injection by a Nuclear Medicine physician or Radiation Oncologist licensed to administer Samarium-153
10. Follow-up visit with oncologist	11. Evaluate hematologic status 12. Blood counts should be monitored weekly for at least 8 weeks, or until recovery of adequate bone marrow function

*Patient may be eligible for the EUSA Pharma PAP program if s/he has no insurance.
†Quadramet is administered on Wednesdays, Thursdays, and Fridays.

Important Safety Information

Because of the unknown potential for additive effects on bone marrow, Quadramet should not be given concurrently with chemotherapy or external beam radiation unless the clinical benefits outweigh the risks. Commonly observed adverse events for Quadramet: bone marrow toxicity occurred in 47% of patients in clinical trials. Myelosuppression may increase the risk of infectious and hemorrhagic adverse events. Non-hematologic adverse events that occurred in ≥5% of patients and greater than placebo were pain flare (7%), diarrhea (6%), infection (7%), spinal cord compression (6.5%), arrhythmias (5.0%) and hematuria (5.0%).

Please see accompanying full prescribing information.

QUADRAMET®
(SAMARIUM SM 153 LEXIDRONAM INJECTION)