



Perspectives on the Reliable Supply of Molybdenum-99

Cardinal Health
Nuclear Pharmacy Services

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September 13, 2016



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Agenda



- Company Overview
- Supply Chain
- Perspectives

Speaker

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Company Overview



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Who we are

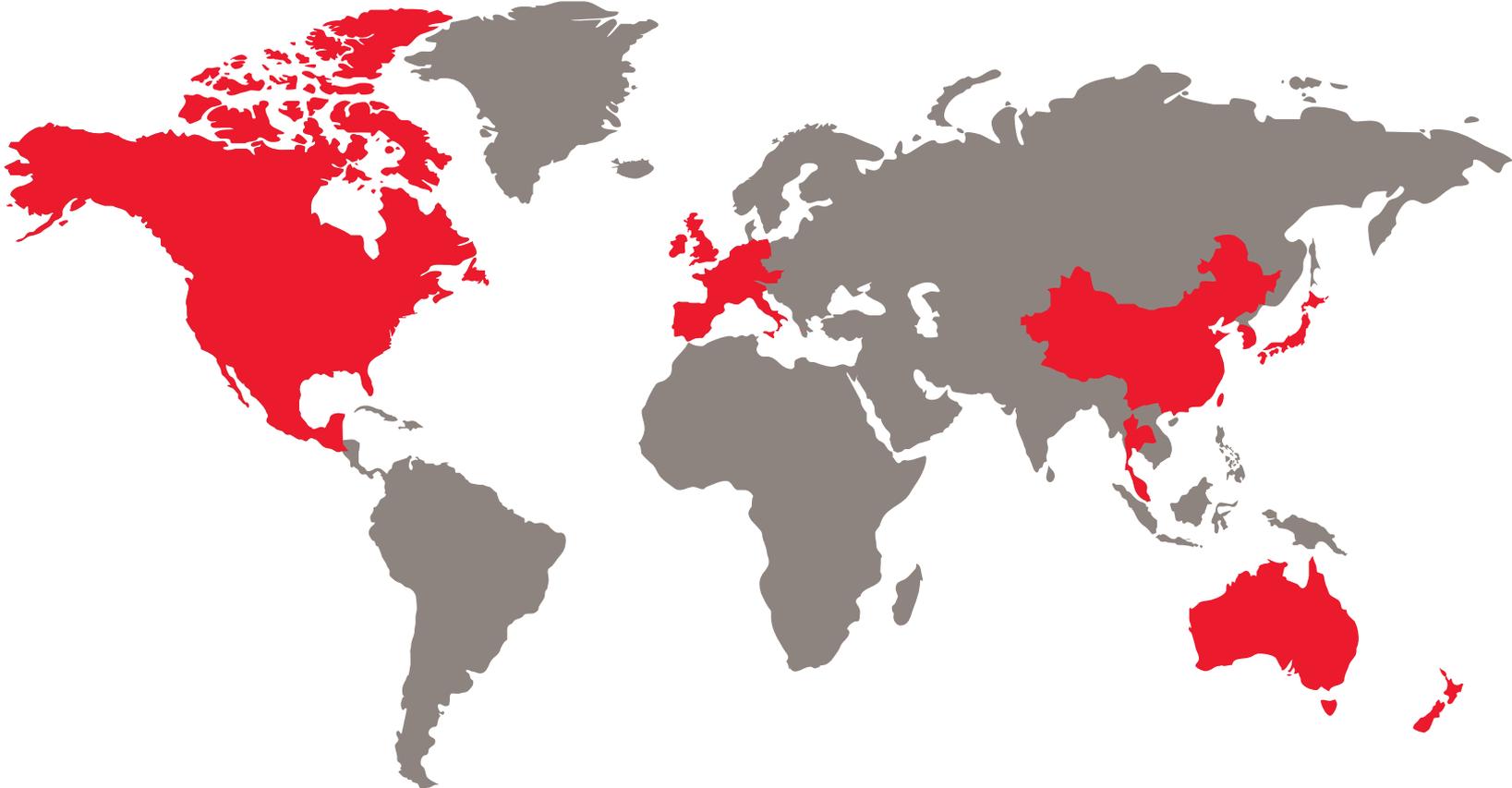


Over
36,000
employees
worldwide

#26
on the
Fortune 500

\$100B+
annual revenue

Where we are



Corporate HQ = Dublin, OH

Who we serve



Acute

Health systems, community hospitals and surgery centers



Retail

Chain and retail-independent pharmacies and other merchants



Physician Offices

Physician offices and ambulatory care centers



Manufacturer/Supplier

Manufacturers and suppliers of medical products and pharmaceuticals



Payor

Government and third party national and regional insurers



Patient

Patients/consumers in need of medical help or wellness support

Nuclear Pharmacy Services Overview



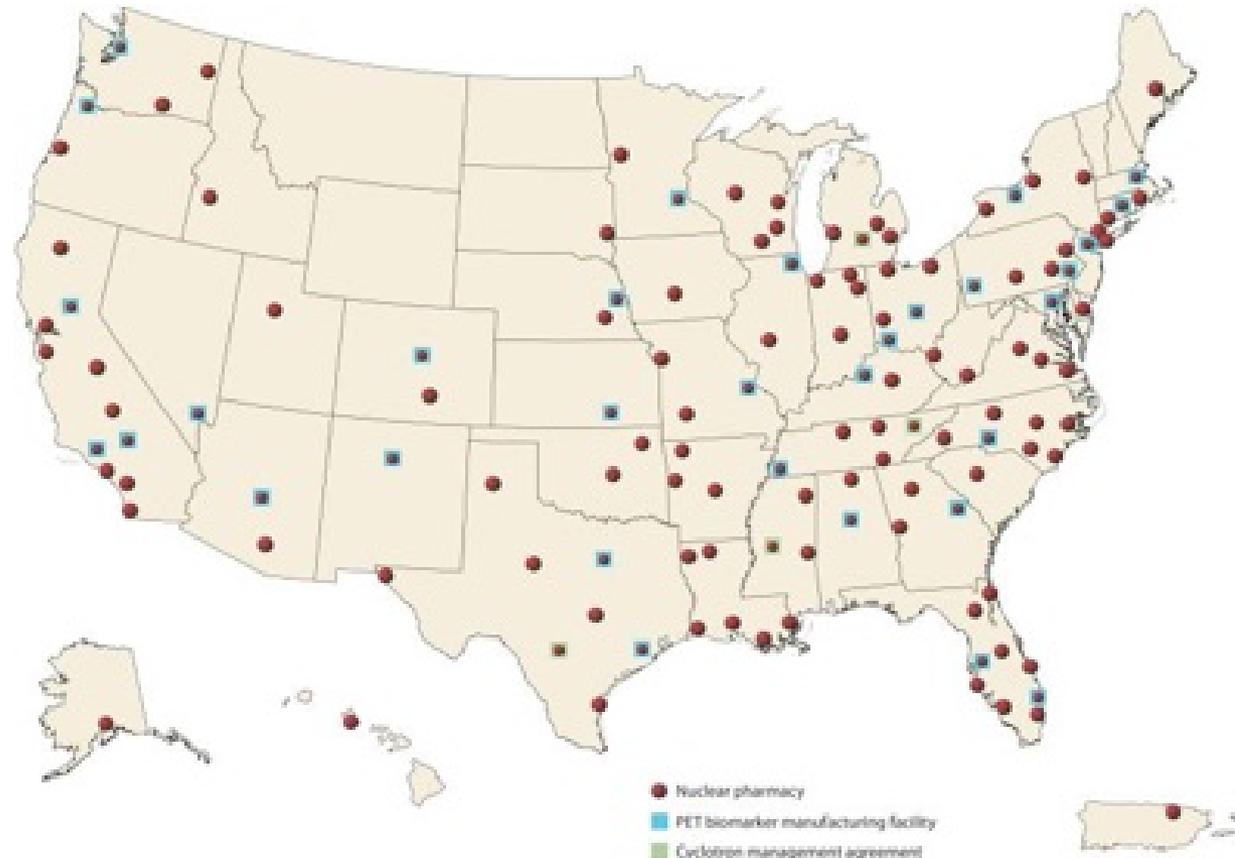
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Cardinal Health Nuclear Pharmacy Services

Nuclear Pharmacy Services produces, dispenses and delivers radiopharmaceuticals throughout the US

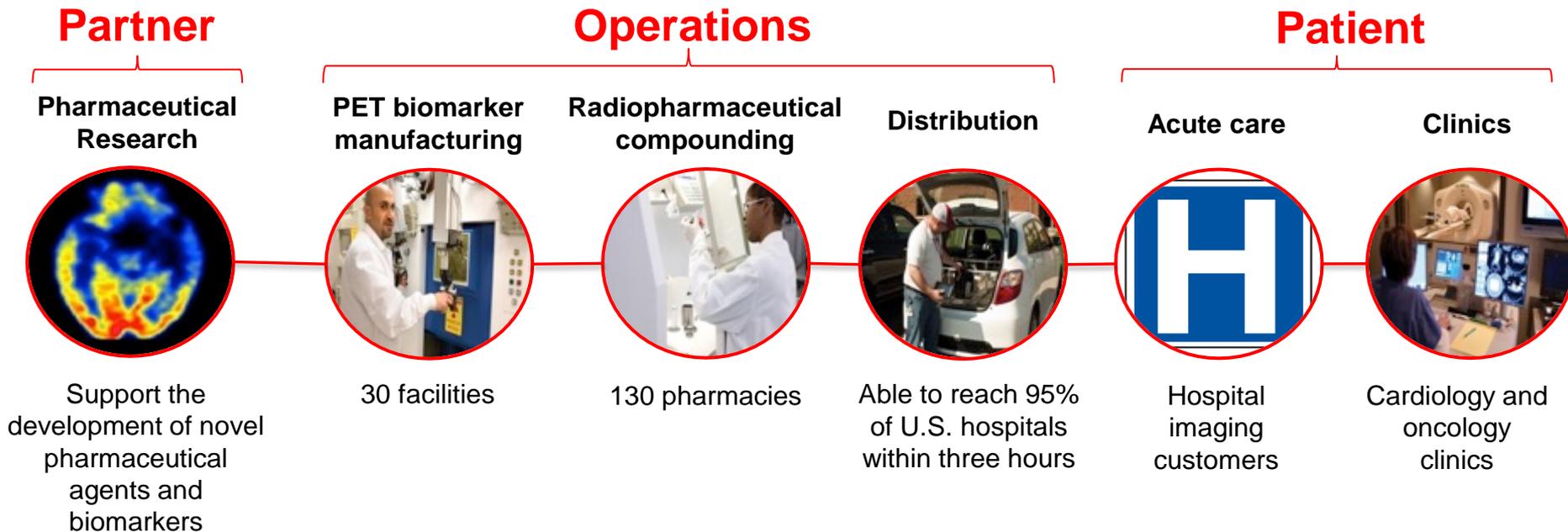
Capabilities

- 130 nuclear pharmacies
- 30 PET biomarker manufacturing sites
- Collaborate with industry, trade and patient advocacy groups
- Ancillary products and services



Business overview

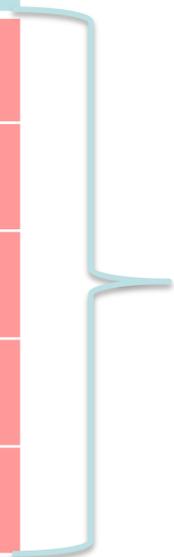
We operate a network of nuclear pharmacies and positron emission tomography (PET) biomarker manufacturing facilities that dispense and **deliver time-critical, patient-specific** radiopharmaceuticals for diagnostic imaging and therapy.



To advance the diagnosis and treatment of disease through the use of radiopharmaceuticals

Isotopes typically handled by nuclear pharmacies:

Isotope	Half Life	Isotope	Half Life
Mo-99	66 h	F-18	110 m
Tc-99m	6 h	N-13	10 m
I-123	13 h	C-11	20 m
I-131	8 d	Ge-68	271 d
Xe-133	5 d	Ga-68	68 m
In-111	2.8 d	Ra-223	11 d
Tl-201	3 d	Sm-153	46 h
Ga-67	3.3 d	Others	vary



PET

Tc-99m based radiopharmaceuticals



Mo-99 / Tc-99m

- NaTcO₄
- MDP
- DTPA
- Exametazine
- Mebrofenin
- Bicisate
- Disofenin
- MAA
- Mertiatide
- Oxidronate
- Pyrophosphate
- Sestamibi
- Succimer
- Sulfur colloid
- Tetrofosmin
- Tilmanocept
- [...]

Supply Chain

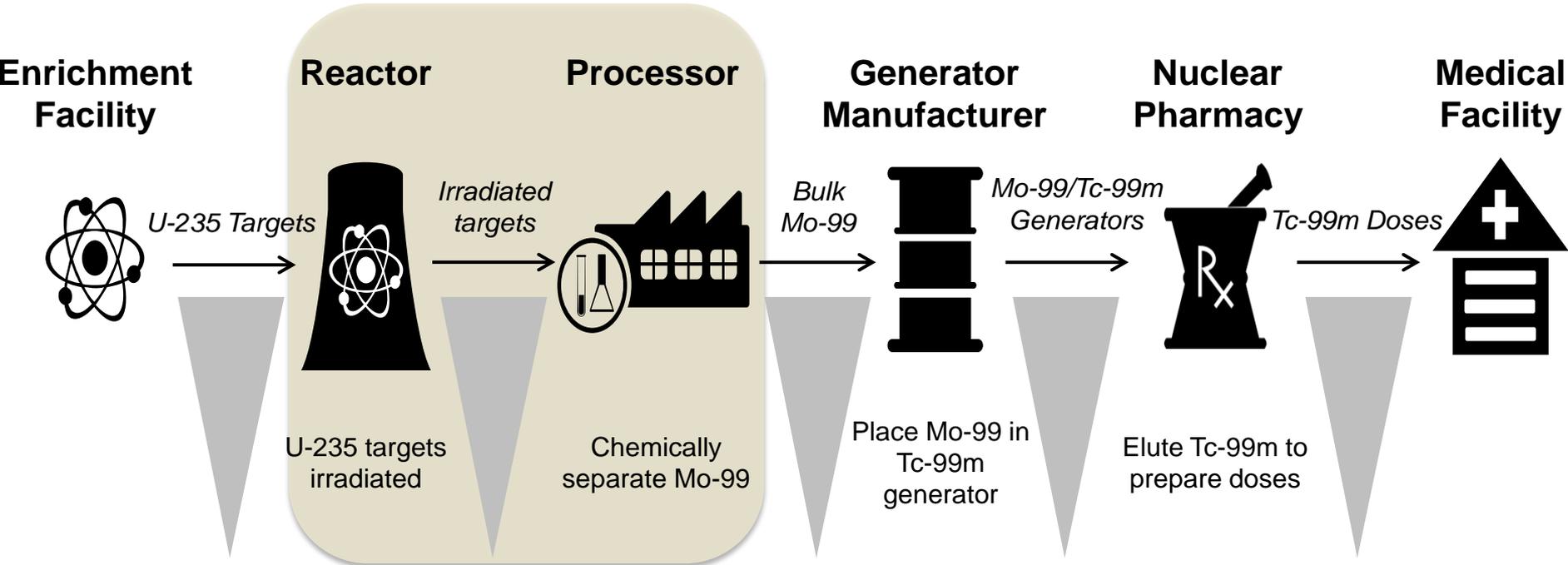


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Typical Day at a Nuclear Pharmacy

- Around midnight
 - First run staff arrive
- Early AM hours
 - Elute generators, prepare kits
 - Several dispensing and distribution runs
- ~7-8AM
 - Typical time for first patient diagnostic scans
- Late AM / early PM
 - Stat doses; add-on doses
- Afternoon
 - Order receipt, set-up for next day

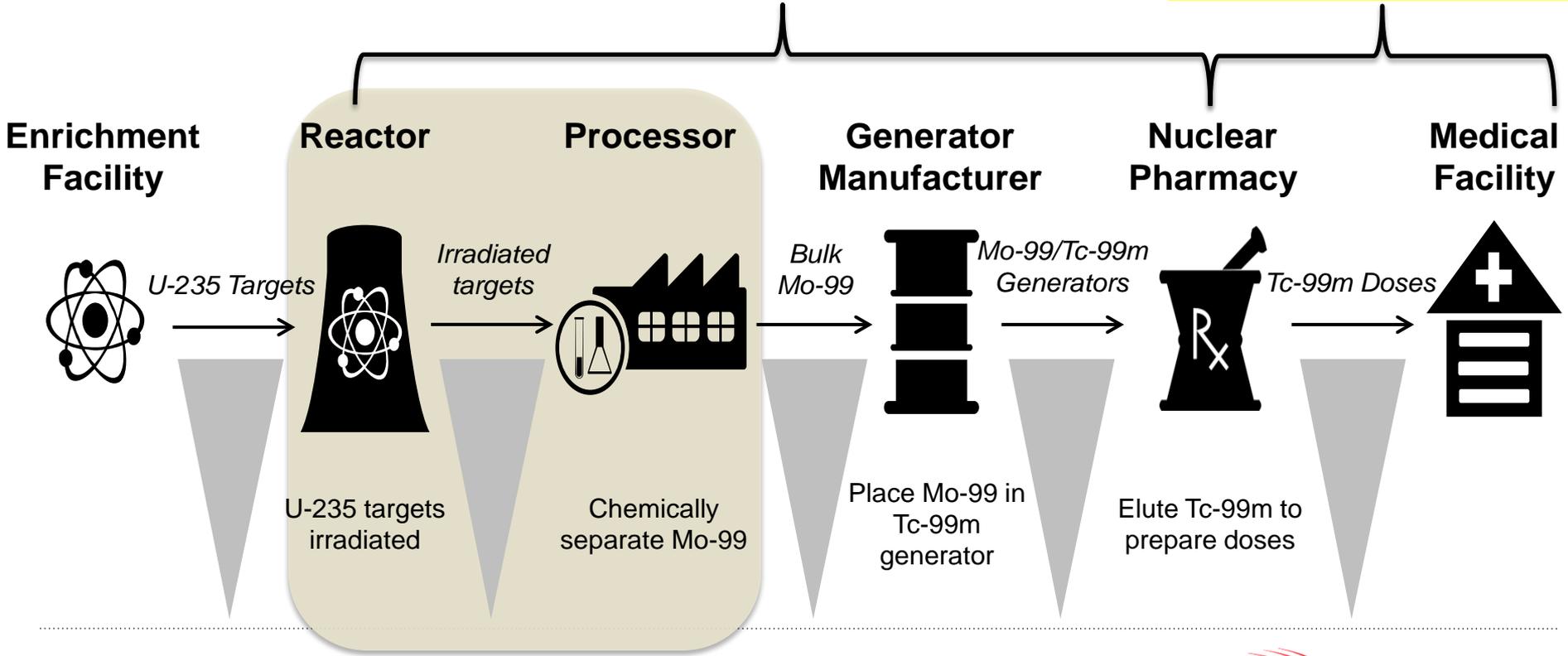
Current US Mo-99 Supply Chain



Current US Mo-99 Supply Chain

Mo-99 -- 66h half life
12h delay = 12% product lost
24h delay = 22% product lost

Tc-99m -- 6h half life
12h delay = !



Impact of Mo-99 Supply Chain Problems

- It is estimated there are about 18 million nuclear medicine procedures per year in the US, 80% of which use Tc-99m (SNMMI Sep 2015)
 - 18 million per year \times 0.8 / 365 d/y \approx 40,000 per day
- For every day without Mo-99, approximately 40,000 patients in the US would not receive their prescribed diagnostic imaging procedure

Perspectives



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Perspectives



- Supply chain stability is critical to patient care
- Disruptions to the Mo-99 supply chain...
 - ...directly impact patient care
 - ...directly impact the modality
- Radiopharmaceutical dispensing is the opposite of durable good distribution
- Nuclear pharmacies attempt to mitigate impacts of supply chain disruptions, but cannot completely overcome an interruption in supply of Mo-99
 - In the (very) short run you can increase materials efficiencies.
 - But then you run out of runway.
 - Triage.

Perspectives



- Global coordination and awareness by AIPES and OECD can help mitigate disruptions
- Based on AIPES and OECD projections, there are still tight weeks, even with all of the reactor and processor coordination
 - Annual view is “ok,” but with some vulnerability; things look a little different at the week-to-week view.
 - What happens when things are tight and something unexpected occurs? This is where having the 35% reserve capacity mentioned by OECD would help.
 - Communication of possible problems ahead of time is extremely helpful.
- NRU contingency

Perspectives

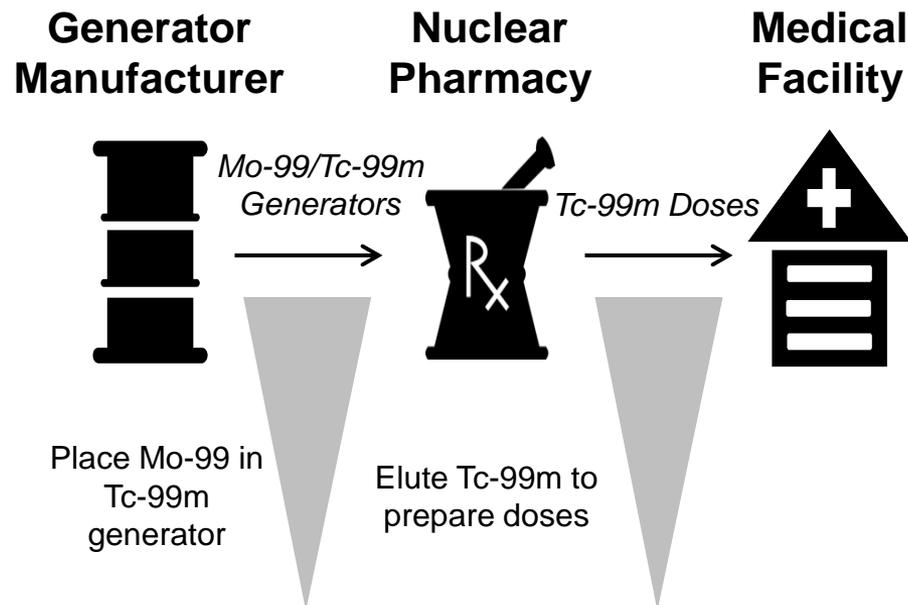


- AMIPA (2012) directed the DOE “to evaluate and support projects for the production in the United States, without the use of highly enriched uranium, of significant quantities of molybdenum-99 for medical uses.”
- The transition from HEU to LEU sources of Mo-99 is in support of non-proliferation initiatives, which we all support.

This transition needs to be very carefully managed to reduce the likelihood of a supply interruption or shortage.

Perspectives

- Customers are eligible for a \$10 reimbursement for use of LEU Tc-99m
- Consideration should be given to increasing the amount based on inflation and other factors



Perspectives



- In addition to non-HEU sources, AMIPA (2012) also directed the DOE “to evaluate and support projects for the production in the United States...”
- US production offers
 - Increased efficiency due to improved logistics
 - Reduced risk due to shorter logistics
 - Reduced risk due to international factors
- Continued US government support for domestic Mo-99 sources

Perspectives



- AMIPA addresses Mo-99 production
- In nuclear medicine, there are other reactor-produced radioisotopes, such as I-131 and Xe-133, in use. For example:
 - I-131 has both therapeutic and diagnostic indications
 - Xe-133 is a diagnostic imaging agent
- Supply chain instability can impact these products as well

Thank you.



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