Perspectives on the Reliable Supply of Molybdenum-99

and rains

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Agenda

- Introduction and Company Overview
- Nuclear Pharmacy Operations
- US Supply Chain for Mo-99/Tc-99m Radiopharmaceuticals
- Perspectives on Reliable Supply
- Conclusion



Company Overview

Who we are



Over **36,000** employees worldwide

#**15** on the Fortune 500

\$100B+ annual revenue



Where we are



Corporate HQ = Dublin, OH



Nuclear & Precision Health Solutions Overview



Cardinal Health Nuclear & Precision Health Solutions

NPHS produces, dispenses and delivers radiopharmaceuticals throughout the US

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







Why are we here?





To provide the highest quality health care to our patients.





Use of Mo-99 / Tc-99m in the US

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 x 0.8 / 365 d/y \approx 40,000 per day

18 million per year x 0.8 / 255 d/y \approx 56,000 per day



Nuclear Pharmacy Operations



What is a nuclear pharmacy?

- Nuclear pharmacies prepare and dispense radioactive drugs for human (and sometimes animal) use.
- Nuclear pharmacies employ licensed pharmacists and pharmacy technicians:
 - Must meet both US Nuclear Regulatory Commission requirements and State Board of Pharmacy requirements
- Support often provided by other professionals, such as health physicists.



What is a nuclear pharmacy?

Nuclear pharmacies prepare radioactive drugs

- Most often by combining a radioisotope with a chemical compound to form a radiopharmaceutical
- In the case of Mo-99/Tc-99m generators:
 - Can dispense NaTcO₄ directly
 - Most often combine Tc-99m with a radiopharmaceutical kit ("cold kit")



What is a nuclear pharmacy?



Shipped to a hospital or imaging facility



Typical Day at a Nuclear Pharmacy

- Around midnight
 First run staff arrive
- Early AM hours
 - o Elute Mo-99/Tc-99m generators, prepare kits
 - o Several dispensing and distribution runs
- •~7-8AM
 - o Typical time for first patient diagnostic scans
- Late AM / early PM
 - o Stat doses; add-on doses
- Afternoon
 - o Order receipt, set-up for next day



US Supply Chain



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Mo-99 Supply Chain



Tc-99m Supply Chain



Mo-99/Tc-99m Supply Chain



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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	
TI-201	3 d	Sm-153	46 h	
Ga-67	3.3 d	Others	vary	

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Tc-99m based radiopharmaceuticals

Mo-99 / Tc-99m

- NaTcO₄
- Bicisate
- Disofenin
- DTPA
- Exametazine
- MAA
- MDP
- Mebrofenin

- Mertiatide
- Oxidronate
- Pyrophosphate
- Sestamibi
- Succimer
- Sulfur colloid
- Tetrofosmin
- Tilmanocept

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Supply Chain Disruptions

- Supply chain stability is critical to patient care
- Close communication and coordination with vendors, before and during any disruptions
- Contingency planning





Supply Chain Disruptions

 Disruptions to the Mo-99 supply chain...

...directly impact patient care ...directly impact the modality

- Consequences
 - Strain on nuclear pharmacies
 - Strain on hospitals and outpatient facilities
 - Missed doses to patients
 - A reduction in the quality of medical care in the US





"Availability and stability of supply of Tc-99m is critical to public health."

FDA, Mo-99 Topical Meeting, Sep 24, 2018



- Supply chain stability is critical to patient care and to the modality
- The supply of Mo-99/Tc-99m generators to nuclear pharmacies in the US has had several interruptions over the past year
- This was and is further exacerbated by

 A lack of domestic Mo-99 supply
 Inadequate outage reserve capacity



- Patient care in the US is being impacted based on overseas producers going off line.
- This not only impacts patient care, but it impacts overall trust and confidence in the modality.
- Are physicians starting to leave nuclear medicine?



- 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 Mo-99 is in support of non-proliferation initiatives, which we all support.

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



- AMIPA (2012): "...production in the United States..."
- US-based production offers
 - o Increased efficiency due to improved logistics
 - Reduced risk due to shorter logistics
 - o Reduced risk due to international factors
- We urge continued support for domestic Mo-99 sources and for adequate outage reserve capacity



- 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



- AMIPA addresses Mo-99 production, but nuclear medicine also uses other reactor-produced radioisotopes, such as I-131 and Xe-133.
 - I-131 has both therapeutic and diagnostic indications. Recent reports of shortages in certain international markets.
 - Xe-133 is a diagnostic imaging agent
- Supply chain instability can impact these products as well



Good progress on HEU to LEU conversions...

...but there is more work to be done on supply chain stability.



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Conclusion

Today, over 40,000 patients across the US will receive news that will change their lives.

- For some... the best news.
- For others... they are now preparing for the most challenging times of their lives.



Thank you.