



DaTscan Patient Prep: Potential Drug Interference

Drugs that bind to the dopamine transporter with high affinity may interfere with the DaTscan image. Whether discontinuation of these drugs prior to DaTscan administration may minimize the interference with a DaTscan image is unknown. The impact of dopamine agonists and antagonists on DaTscan imaging results has not been established.

The benefits and risks of stopping a medication that may interfere with the reliability of the information in a DaTscan image is a medical consideration that should be made on an individual basis.

The decision to withhold or stop any potentially interacting medication should be determined by the patient's physician(s), in consultation with a pharmacist, after obtaining a thorough medication history.

The information below is provided for your consideration when evaluating how to handle concomitant medications prior to administration of DaTscan for single-photon emission computed tomography (SPECT) imaging. 1,2,3 Please note the list below should not be considered an exhaustive list.

The following drugs are not expected to interfere with DaT binding and uptake of DaTscan:

- Cholinesterase inhibitors and antipsychotics
- Anti-parkinsonian drugs (eg, L-dihydroxyphenylalanine [L-DOPA], dopamine agonists, monoamine oxidase-B [MAO-B] inhibitors, N-methyl-D-aspartate [NMDA] receptor blockers, amantadine, and catechol-O-methyltransferase [COMT] inhibitors in standard dosages)
- Selective serotonin reuptake inhibitors (SSRI) may increase binding to the DaT somewhat but should not interfere with visual interpretation

Common medication or drugs that may interfere with ioflupane binding. Consider stopping such medication for at least 5 half-lives ¹	5 half-lives is approximately equal to:
ephedrine, ketamine, isoflurane	1 day
cocaine, methylphenidate	2 days
methamphetamine, mazindol, modafinil	3 days
benztropine, fentanyl	5 days
amphetamine, dextroamphetamine	7 days
bupropion, cannabidiol	8 days
phentermine, phencyclidine	14 days

References: 1. DaTscan [prescribing information]. Arlington Heights, IL: GE Healthcare; 2022. **2.** Booij J, Kemp P. Dopamine transporter imaging with [(123)I]FP-CIT SPECT: potential effects of drugs. *Eur J Nucl Med Mol Imaging*. 2008;35(2):424-438. **3.** Morbelli S, et al. EANM practice guideline/SNMMI procedure standard for dopaminergic imaging in Parkinsonian syndromes 1.0. *Eur J Nucl Med Mol Imaging*. 2020;47(8):1885-1912.

Please see Important Safety Information About DaTscan on following page, and the full Prescribing Information, <u>here</u>.





PRODUCT INDICATION AND USE

DATSCAN is indicated as an adjunct to other diagnostic evaluations for striatal dopamine transporter visualization using single photon emission computed tomography (SPECT) brain imaging in adult patients with:

- suspected Parkinsonian syndromes (PS) or
- suspected dementia with Lewy bodies (DLB).

IMPORTANT SAFETY INFORMATION ABOUT DATSCAN™

CONTRAINDICATIONS

• DaTscan is contraindicated in patients with known serious hypersensitivity to ioflupane I 123.

WARNINGS AND PRECAUTIONS

- Hypersensitivity Reactions: Hypersensitivity reactions, including dyspnea, edema, rash, erythema, and pruritus, have been reported following DATSCAN administration.
- Thyroid Accumulation: DaTscan may contain up to 6% of free iodide (iodine-123). Thyroid uptake of iodine-123 may result in an increased long-term risk for thyroid neoplasia. To decrease thyroid accumulation of iodine-123, block the thyroid gland before administration of DaTscan.

ADVERSE REACTIONS

 In clinical trials, headache, nausea, vertigo, dry mouth, or dizziness of mild to moderate severity were reported.
 In postmarketing experience, hypersensitivity reactions and injection-site pain have been reported.

DRUG INTERACTIONS

 Drugs that bind to the dopamine transporter with high affinity may interfere with the DaTscan image.
 The impact of dopamine agonists and antagonists on DaTscan imaging results has not been established.

USE IN SPECIFIC POPULATIONS

• Pregnancy: Radioactive iodine products cross the placenta and can permanently impair fetal thyroid function. Administration of a thyroid blocking agent is recommended before the use of DaTscan in a pregnant woman. All radiopharmaceuticals have potential to cause fetal harm. There are no available data on DaTscan use in pregnant women to evaluate for a drugassociated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Advise pregnant woman of the potential risks of fetal exposure to radiation with the administration of DaTscan.

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- Lactation: Iodine 123 (I 123), the radionuclide in DaTscan, is present in human milk. There is no information on the effects on breastfed infants or on milk. Advise a lactating woman to interrupt breastfeeding and pump and discard breast milk for at least 6 days after DaTscan administration to minimize radiation exposure to a breastfeeding infant.
- **Pediatric Use:** The safety and efficacy of DaTscan have not been established in pediatric patients.
- Geriatric Use: There were no differences in responses between elderly patients and younger patients that would require a dose adjustment observed in the parkinsonian syndrome studies.
- Renal Impairment: DaTscan is excreted by the kidney and patients with severe renal impairment may have increased radiation exposure and altered DaTscan images.

OVERDOSAGE

 The risks of overdose relate predominantly to increased radiation exposure, with the long-term risks for neoplasia. In case of overdosage of radioactivity, frequent urination and defecation should be encouraged to minimize radiation exposure to the patient.

PROCEDURE — Radiation Safety

 DaTscan emits radiation and must be handled with safety measures to minimize radiation exposure to clinical personnel and patients.

Prior to DaTscan administration, please read the full Prescribing Information, <u>here</u>, for additional Important Safety Information.

To report SUSPECTED ADVERSE REACTIONS, contact GE Healthcare at 800 654 0118 (option 2, then option 1) or the FDA at 800 FDA 1088 or www.fda.gov/medwatch.

RESOURCES

Customer Service: 800 292 8514

Reimbursement Hotline: 800 767 6664

Medical Affairs for Clinical and Scientific Support:

800 654 0118. (option 2, then option 3) or medical.affairs@ge.com

gehealthcare.com

