



Complete entire form and fax to Novartis Patient Support at 1-844-638-7329. Sign up online in the HCP portal.  
 Questions? Contact 1-844-638-7222. An incomplete Start Form may delay the start of treatment.

# Novartis Patient Support™



# START FORM

\* = REQUIRED

Please check the box below if support is requested for:

**LOCAMETZ® (kit for the preparation of gallium Ga 68 gozetotide injection)**

## 1. Patient Information

For patients under 18 years of age, please provide parent or authorized representative's email and phone number.

\* First Name \_\_\_\_\_ \* Last Name \_\_\_\_\_ \* Phone Number — We'll keep you informed through non-marketing calls and texts.\*  Mobile  Home

\* Date of Birth (MM/DD/YYYY) \_\_\_\_\_ \* Sex:  Male  Female OK to Leave Voicemail:  Yes  No

\* Address (No PO Box) \_\_\_\_\_ Preferred Language:  English  Spanish  Other: \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* ZIP \_\_\_\_\_ Email \_\_\_\_\_

I give permission to disclose my personal health information to the following Caregiver (optional):

Caregiver Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Caregiver Phone Number — We'll keep you informed through non-marketing calls and texts.\*  Mobile  Home

## 2. Patient Authorization and Additional Enrollment Consents

I have read and agree to the Patient Authorization on page 4.

**X**  **Patient/Authorized Representative Signature** \_\_\_\_\_ \* **Date (MM/DD/YYYY)** \_\_\_\_\_  Check here if signed by an Authorized Representative.

### CO-PAY PLUS<sup>+</sup> FOR PLUVICTO

Pay as little as \$0  
 I have read and agree to the Co-Pay Plus Terms and Conditions on page 4.

### GET ACCESS TO ONGOING SUPPORT

I'd like to sign up for access to ongoing support. I'll get PLUVICTO tips, resources, and reminders from Novartis Patient Support at the mobile phone number(s) I gave above.  
 By checking this box, I agree to receive recurring marketing calls and texts from and on behalf of Novartis Pharmaceuticals Corporation. These calls and texts may be automatic or recorded in advance. The number of calls and message frequency varies. My consent is not a condition of getting any goods or services from Novartis. I can opt out of the program at any time by calling 1-844-638-7222. I can also text "STOP" to any Novartis Patient Support Ongoing Support message to opt out of texts or "HELP" for more information about this service. Message and data rates may apply.

## 3. Insurance Information

Please include a copy (front and back) of the patient's insurance card(s) and/or complete the section below.

Check all that apply:  Patient Is the Policy Holder  Patient Is Uninsured  Image(s) of Insurance Card(s) Included

\* **Primary Medical Insurance**  Private  Medicare Advantage  Medicare B  Medicaid  Other: \_\_\_\_\_

Insurance/Payer \_\_\_\_\_ Plan Name \_\_\_\_\_ Policy Phone Number \_\_\_\_\_

Member ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Secondary Medical Insurance**  Private  Medicare Advantage  Medicare B  Medicaid  Other: \_\_\_\_\_

Insurance/Payer \_\_\_\_\_ Plan Name \_\_\_\_\_ Policy Phone Number \_\_\_\_\_

Member ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

**DO NOT FAX PATIENT MEDICAL RECORDS. ANY MEDICAL RECORDS SHARED WILL BE DESTROYED.**

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\* = REQUIRED

\* Patient Name

\* Date of Birth (MM/DD/YYYY)

## 4. Prescriber Information

\* First Name \* Last Name

\* State License Number PTAN

\* Address

\* Practice Name

\* City \* State \* ZIP

\* Practice Phone Number

\* Prescriber NPI Number

Practice Contact Name

Tax ID Number

Practice Contact Phone Number \* Practice Fax

## 5. Referring Provider Information

*If you wish to have updates shared with a referring provider, please ensure those details are captured below.*

\* First Name \* Last Name

\* State License Number PTAN

\* Address

\* Practice Name

\* City \* State \* ZIP

\* Practice Phone Number

\* Provider NPI Number

Practice Contact Name

\* Tax ID Number

Practice Contact Phone Number \* Practice Fax

## 6. Site of Administration Information

*If you need assistance locating a treatment center, contact Novartis Patient Support at 1-844-638-7222.*

\* Location:  Hospital Outpatient  Freestanding/Physician Office

\* Site Name

\* Site NPI Number \* Site Tax ID Number

\* Address

Site Contact Name

\* City \* State \* ZIP

\* Site Phone Number Office Fax

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## 7. Clinical Information

### Diagnosis Codes

\* Primary Diagnosis Code: ICD-10 Code

Description

\* Secondary Diagnosis Code: ICD-10 Code

Description

LOCAMETZ only (if applicable): CPT Code

## 8. Previous Treatment

\* Has the patient been previously treated with a taxane-based chemotherapy?  Yes  No

### Prescriber Attestation

I certify the above therapy is medically necessary and this information is accurate to the best of my knowledge. I certify I am the provider who has prescribed PLUVICTO to the patient named on this form. I certify that any medication received from Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis"), or the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF"), will be used only for the patient named on this form and will not be offered for sale, trade, or barter, returned for credit, or submitted for reimbursement in any form. I acknowledge that NPAF is exclusively for purposes of patient care and not for remuneration of any sort. I understand that Novartis and NPAF may revise, change, or terminate their respective programs at any time.

**I acknowledge that no medical records will be sent to Novartis Patient Support along with this Start Form. I have discussed the Novartis Patient Support Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in Novartis Patient Support. To complete this enrollment, Novartis may contact the patient by phone, text, and email.**

X

\* Prescriber Signature

\* Prescriber Name (Print Name)

\* Date (MM/DD/YYYY)

ATTN: Please follow your state's prescribing guidelines for electronic prescriptions (if applicable).

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**Patient Authorization.** I authorize my health care providers, pharmacies and health insurers, and their service providers (“Providers”) to disclose information relating to my insurance benefits, medical condition, treatment, genetic information, including the results of genetic testing and prescription details (“Personal Information”) to Novartis Pharmaceuticals Corporation, its affiliates and service providers (“Novartis”) and the Novartis Patient Assistance Foundation, Inc., and its service providers (“NPAF”) so they can provide the following support services (the “Services”):

- Help coordinate insurance coverage for, access to, and receipt of my medication.
- Communicate with me about possible financial assistance, including Novartis co-pay or NPAF programs, and, if I am enrolled, administer my participation in those programs.
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information. Communications may be customized based on Personal Information obtained from my Providers.
- Conduct quality assurance and other internal business activities and ask for feedback related to the Services or my treatment.

In delivering the Services, Novartis and NPAF may share my Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from Novartis or NPAF for providing certain Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and can cancel this Authorization at any time by calling 1-844-638-7222 or by writing to:

Novartis Patient Support  
Novartis Pharmaceuticals Corporation  
One Health Plaza  
East Hanover, NJ 07936-1080

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Provider’s treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

\*Novartis Patient Support may call and text you at the numbers provided for non-marketing purposes (eg, to help you access and start on PLUVICTO). Calls may be autodialed or prerecorded. Message and data rates may apply. You may change your communication preferences at any time by calling 1-844-638-7222.

**\*Limitations apply.** Valid only for those with private insurance. The Program includes the Co-Pay Plus offer, Plus Card (if applicable), and Rebate, with a combined annual limit up to \$15,000. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient’s insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient’s insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

Please see full Novartis Pharmaceuticals Corporation [Privacy Policy](#) and the [Terms of Use](#).

**CLINICAL INFORMATION**

**ICD-10-CM**

The table below lists the ICD-10-CM potential diagnosis codes that you may consider for patient treatment with PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan). (Select 1 or more)

Code	Description	Code	Description
<input type="checkbox"/> C61	Malignant neoplasm of prostate	<input type="checkbox"/> C79.0	Secondary malignant of kidney and renal pelvis
<input type="checkbox"/> C69.90	Malignant neoplasm of unspecified site of unspecified eye	<input type="checkbox"/> C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
<input type="checkbox"/> C77	Secondary and unspecified malignant neoplasm of lymph nodes	<input type="checkbox"/> C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
<input type="checkbox"/> C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	<input type="checkbox"/> C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
<input type="checkbox"/> C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	<input type="checkbox"/> C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
<input type="checkbox"/> C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	<input type="checkbox"/> C79.10	Secondary malignant neoplasm of unspecified urinary organs
<input type="checkbox"/> C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	<input type="checkbox"/> C79.11	Secondary malignant neoplasm of bladder
<input type="checkbox"/> C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	<input type="checkbox"/> C79.19	Secondary malignant neoplasm of other urinary organs
<input type="checkbox"/> C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	<input type="checkbox"/> C79.2.	Secondary malignant neoplasm of skin
<input type="checkbox"/> C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	<input type="checkbox"/> C79.3.	Secondary malignant neoplasm of brain and cerebral meninges
<input type="checkbox"/> C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	<input type="checkbox"/> C79.31	Secondary malignant neoplasm of brain
<input type="checkbox"/> C78	Secondary malignant neoplasm of respiratory and digestive organs	<input type="checkbox"/> C79.32	Secondary malignant neoplasm of cerebral meninges
<input type="checkbox"/> C78.0	Secondary malignant neoplasm of lung	<input type="checkbox"/> C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
<input type="checkbox"/> C78.00	Secondary malignant neoplasm of unspecified lung	<input type="checkbox"/> C79.40	Secondary malignant neoplasm of unspecified part of nervous system
<input type="checkbox"/> C78.01	Secondary malignant neoplasm of right lung	<input type="checkbox"/> C79.49	Secondary malignant neoplasm of other parts of nervous system
<input type="checkbox"/> C78.02	Secondary malignant neoplasm of left lung	<input type="checkbox"/> C79.5	Secondary malignant neoplasm of bone and bone marrow
<input type="checkbox"/> C78.1	Secondary malignant neoplasm of mediastinum	<input type="checkbox"/> C79.51	Secondary malignant neoplasm of bone
<input type="checkbox"/> C78.2	Secondary malignant neoplasm of pleura	<input type="checkbox"/> C79.52	Secondary malignant neoplasm of bone marrow
<input type="checkbox"/> C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	<input type="checkbox"/> C79.7	Secondary malignant neoplasm of adrenal gland
<input type="checkbox"/> C78.30	Secondary malignant neoplasm of unspecified respiratory organ	<input type="checkbox"/> C79.70	Secondary malignant neoplasm of unspecified adrenal gland
<input type="checkbox"/> C78.39	Secondary malignant neoplasm of other respiratory organs	<input type="checkbox"/> C79.71	Secondary malignant neoplasm of right adrenal gland
<input type="checkbox"/> C78.4	Secondary malignant neoplasm of small intestine	<input type="checkbox"/> C79.72	Secondary malignant neoplasm of left adrenal gland
<input type="checkbox"/> C78.5	Secondary malignant neoplasm of large intestine and rectum	<input type="checkbox"/> C79.8	Secondary malignant neoplasm of other specified sites
<input type="checkbox"/> C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	<input type="checkbox"/> C79.81	Secondary malignant neoplasm of breast
<input type="checkbox"/> C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	<input type="checkbox"/> C79.82	Secondary malignant neoplasm of genital organs
<input type="checkbox"/> C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	<input type="checkbox"/> C79.89	Secondary malignant neoplasm of other specified sites
<input type="checkbox"/> C78.80	Secondary malignant neoplasm of unspecified digestive organ	<input type="checkbox"/> C79.9	Secondary malignant neoplasm of unspecified site
<input type="checkbox"/> C78.89	Secondary malignant neoplasm of other digestive organs	<input type="checkbox"/> Z19.2	Hormone resistant malignancy status
<input type="checkbox"/> C79	Secondary malignant neoplasm of other and unspecified sites		

**Disclaimer notice for list of possible codes:** This information is taken from publicly available sources. It is not intended to guarantee, increase, or maximize reimbursement by any payer. It is the provider's responsibility to report the codes that accurately describe the products and services furnished to individual patients. Reimbursement is dynamic. We recommend that providers consult their payer organizations regarding local policies and rates. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing including determining, if and under what circumstances, it is appropriate to seek reimbursement for products and services and obtaining preauthorization, if necessary. Novartis makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information. You should reference the current CPT®, ICD-10-CM, and Healthcare Common Procedure Coding System (HCPCS) manuals and follow the "Documentation Guidelines for Evaluation and Management Services" for the most detailed and up-to-date information. Current Procedural Terminology (CPT®) is a copyright and registered trademark of the 2025 American Medical Association (AMA). All rights reserved.

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**CLINICAL INFORMATION**

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Code	Description	Code	Description
<input type="checkbox"/> C61	Malignant neoplasm of prostate	<input type="checkbox"/> C79	Secondary malignant neoplasm of other and unspecified sites
<input type="checkbox"/> Z85.46	Personal history of malignant neoplasm of prostate	<input type="checkbox"/> C79.0	Secondary malignant neoplasm of kidney and renal pelvis
<input type="checkbox"/> R97.21	Rising PSA following treatment for malignant neoplasm of prostate	<input type="checkbox"/> C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
<input type="checkbox"/> C69.90	Malignant neoplasm of unspecified site of unspecified eye	<input type="checkbox"/> C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
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