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

Novartis Patient Support™

PLUVICTO® lutetium Lu 177 vipivotide tetraxetan
INJECTION FOR INTRAVENOUS USE

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 _____ ☐ Check here if signed by an Authorized Representative.
* **Patient/Authorized Representative Signature** * **Date (MM/DD/YYYY)**

CO-PAY† FOR PLUVICTO
Pay as little as $0
☐ I have read and agree to the Co-pay Terms and Conditions on page 4.

GET ACCESS TO PATIENT NAVIGATION SUPPORT
☐ I'd like to sign up for Patient Navigation support. I'll get information on what to anticipate with PLUVICTO, answers to common questions, and 1:1 help navigating the referral (as needed) 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 Patient Navigation 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.
To report an adverse event, call 1-888-NOW-NOVA or visit www.novartis.com/report

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PLUVICTO®
lutetium Lu 177 vipivotide tetraxetan
INJECTION FOR INTRAVENOUS USE

START FORM

* = 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 are a referring provider or 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

Instruction for Referring Providers only: Include your selected site of administration name, address, and phone number at minimum. If you need assistance locating a site of administration, call 1-844-638-7222 or click here.

* **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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* = REQUIRED

* **Patient Name** _____

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

7. Clinical Information

* ☐ Metastatic Androgen Pathway Modulation-Resistant (mAPMR) Prostate Cancer (Metastatic Castration-Resistant Prostate Cancer)

☐ Metastatic Androgen Pathway Modulation-Naïve or -Sensitive (mAPMN/S) Prostate Cancer (Metastatic Hormone-Sensitive Prostate Cancer)

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).

DO NOT FAX PATIENT MEDICAL RECORDS. ANY MEDICAL RECORDS SHARED WILL BE DESTROYED.
To report an adverse event, call 1-888-NOW-NOVA or visit www.novartis.com/report

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 offer, with a limit up to $15,000 over the course of treatment to cover eligible out-of-pocket cost for the product. The patient is responsible for any costs once the limit is reached. 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.

NOVARTIS

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
☐ C61	Malignant neoplasm of prostate	☐ C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
☐ C69.90	Malignant neoplasm of unspecified site of unspecified eye	☐ C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
☐ C77	Secondary and unspecified malignant neoplasm of lymph nodes	☐ C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
☐ C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	☐ C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
☐ C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	☐ C79.10	Secondary malignant neoplasm of unspecified urinary organs
☐ C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	☐ C79.11	Secondary malignant neoplasm of bladder
☐ C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	☐ C79.19	Secondary malignant neoplasm of other urinary organs
☐ C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	☐ C79.2	Secondary malignant neoplasm of skin
☐ C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	☐ C79.3	Secondary malignant neoplasm of brain and cerebral meninges
☐ C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	☐ C79.31	Secondary malignant neoplasm of brain
☐ C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	☐ C79.32	Secondary malignant neoplasm of cerebral meninges
☐ C78	Secondary malignant neoplasm of respiratory and digestive organs	☐ C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
☐ C78.0	Secondary malignant neoplasm of lung	☐ C79.40	Secondary malignant neoplasm of unspecified part of nervous system
☐ C78.00	Secondary malignant neoplasm of unspecified lung	☐ C79.49	Secondary malignant neoplasm of other parts of nervous system
☐ C78.01	Secondary malignant neoplasm of right lung	☐ C79.5	Secondary malignant neoplasm of bone and bone marrow
☐ C78.02	Secondary malignant neoplasm of left lung	☐ C79.51	Secondary malignant neoplasm of bone
☐ C78.1	Secondary malignant neoplasm of mediastinum	☐ C79.52	Secondary malignant neoplasm of bone marrow
☐ C78.2	Secondary malignant neoplasm of pleura	☐ C79.7	Secondary malignant neoplasm of adrenal gland
☐ C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	☐ C79.70	Secondary malignant neoplasm of unspecified adrenal gland
☐ C78.30	Secondary malignant neoplasm of unspecified respiratory organ	☐ C79.71	Secondary malignant neoplasm of right adrenal gland
☐ C78.39	Secondary malignant neoplasm of other respiratory organs	☐ C79.72	Secondary malignant neoplasm of left adrenal gland
☐ C78.4	Secondary malignant neoplasm of small intestine	☐ C79.8	Secondary malignant neoplasm of other specified sites
☐ C78.5	Secondary malignant neoplasm of large intestine and rectum	☐ C79.81	Secondary malignant neoplasm of breast
☐ C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	☐ C79.82	Secondary malignant neoplasm of genital organs
☐ C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	☐ C79.89	Secondary malignant neoplasm of other specified sites
☐ C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	☐ C79.9	Secondary malignant neoplasm of unspecified site
☐ C78.80	Secondary malignant neoplasm of unspecified digestive organ	☐ R97.21	Rising PSA following treatment for malignant neoplasm of prostate
☐ C78.89	Secondary malignant neoplasm of other digestive organs	☐ Z19.1	Hormone sensitive malignancy status
☐ C79	Secondary malignant neoplasm of other and unspecified sites	☐ Z19.2	Hormone resistant malignancy status
☐ C79.0	Secondary malignant of kidney and renal pelvis		

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.

CLINICAL INFORMATION

ICD-10-CM

The table below lists the ICD-10-CM potential diagnosis codes that you may consider for patient treatment with LOCAMETZ® (kit for the preparation of gallium Ga 68 gozetotide injection). (Select 1 or more)

Code	Description
☐ C61	Malignant neoplasm of prostate
☐ Z85.46	Personal history of malignant neoplasm of prostate
☐ R97.21	Rising PSA following treatment for malignant neoplasm of prostate
☐ C69.90	Malignant neoplasm of unspecified site of unspecified eye
☐ C77	Secondary and unspecified malignant neoplasm of lymph nodes
☐ C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck
☐ C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
☐ C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
☐ C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
☐ C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
☐ C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
☐ C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
☐ C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
☐ C78	Secondary malignant neoplasm of respiratory and digestive organs
☐ C78.0	Secondary malignant neoplasm of lung
☐ C78.00	Secondary malignant neoplasm of unspecified lung
☐ C78.01	Secondary malignant neoplasm of right lung
☐ C78.02	Secondary malignant neoplasm of left lung
☐ C78.1	Secondary malignant neoplasm of mediastinum
☐ C78.2	Secondary malignant neoplasm of pleura
☐ C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs
☐ C78.30	Secondary malignant neoplasm of unspecified respiratory organ
☐ C78.39	Secondary malignant neoplasm of other respiratory organs
☐ C78.4	Secondary malignant neoplasm of small intestine
☐ C78.5	Secondary malignant neoplasm of large intestine and rectum
☐ C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
☐ C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
☐ C78.8	Secondary malignant neoplasm of other and unspecified digestive organs
☐ C78.80	Secondary malignant neoplasm of unspecified digestive organ
☐ C78.89	Secondary malignant neoplasm of other digestive organs
☐ C79	Secondary malignant neoplasm of other and unspecified sites
☐ C79.0	Secondary malignant neoplasm of kidney and renal pelvis
☐ C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
☐ C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
☐ C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
☐ C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
☐ C79.10	Secondary malignant neoplasm of unspecified urinary organs
☐ C79.11	Secondary malignant neoplasm of bladder
☐ C79.19	Secondary malignant neoplasm of other urinary organs
☐ C79.2	Secondary malignant neoplasm of skin
☐ C79.3	Secondary malignant neoplasm of brain and cerebral meninges
☐ C79.31	Secondary malignant neoplasm of brain
☐ C79.32	Secondary malignant neoplasm of cerebral meninges
☐ C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
☐ C79.40	Secondary malignant neoplasm of unspecified part of nervous system
☐ C79.49	Secondary malignant neoplasm of other parts of nervous system
☐ C79.5	Secondary malignant neoplasm of bone and bone marrow
☐ C79.51	Secondary malignant neoplasm of bone
☐ C79.52	Secondary malignant neoplasm of bone marrow
☐ C79.7	Secondary malignant neoplasm of adrenal gland
☐ C79.70	Secondary malignant neoplasm of unspecified adrenal gland
☐ C79.71	Secondary malignant neoplasm of right adrenal gland
☐ C79.72	Secondary malignant neoplasm of left adrenal gland
☐ C79.8	Secondary malignant neoplasm of other specified sites
☐ C79.81	Secondary malignant neoplasm of breast
☐ C79.82	Secondary malignant neoplasm of genital organs
☐ C79.89	Secondary malignant neoplasm of other specified sites
☐ C79.9	Secondary malignant neoplasm of unspecified site
☐ Z19.2	Hormone resistant malignancy status

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