AAA PatientCONNECT™ has become Novartis Patient Support

Novartis Patient Support

Phone: 1-844-638-7222 | Fax: 1-844-638-7329

Enrollment Form for LUTATHERA® (lutetium Lu 177 dotatate)

NOTE: The enrollment cannot be processed without both prescriber and patient signatures.

Expected LUTATHERA Injection Treatment Date:

*Indicates Required Field

PATIENT INFORMATION

*Patient Name:		*Date of Birth:
*Address:		*Sex: ☐M ☐F
*City:	*State:	*Zip Code:
*Phone No.: ☐Home:		☐Cell:
*OK to leave a message: ☐Yes ☐No ☐Cell ☐Home		
Alternate Contact Name:		Relationship:
Patient Email:		

PATIENT AUTHORIZATION *(Required—CANNOT PROCESS FORM WITHOUT THIS COMPLETED)*

If my financial situation or health coverage changes, I will call Novartis Patient Support at 1-844-638-7222.

☐ I HAVE READ AND AGREE TO THE PATIENT AUTHORIZATION ON PAGE 4

☐ I have read and agree to the Terms and Conditions for the Novartis Patient Support Program on page 5

☐ I have read and agree to the Telephone Consumer Protection Act (TCPA) Consent on page 4 (optional)

I CONFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE

STOP *PATIENT/LEGAL GUARDIAN SIGNATURE:

*Print Patient/Legal Guardian Name:	*Relationship to Patient:
*Date:	

INSURANCE INFORMATION *(Required for Benefit Verification and Co-pay Assistance)*

☐ Patient has no insurance

Carrier 1		
*Carrier:		*Health Plan:
*Carrier Phone No.:		*Policy ID No.:
*Group No.:		*Policy Holder Name:
*Policy Holder Sex: ☐M ☐F	Policy Holder Date of Birth:	*Policy Holder Relationship:

Carrier 2		
Carrier:		Health Plan:
Carrier Phone No.:		Policy ID No.:
Group No.:		Policy Holder Name:
Policy Holder Sex: ☐M ☐F	Policy Holder Date of Birth:	Policy Holder Relationship:

Please see the full Prescribing Information for LUTATHERA.

NOVARTIS

Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, New Jersey 07936-1080

PATIENT INFORMATION

Name:	Date of Birth:

PRESCRIBER INFORMATION

*Ordering Physician Name:		*Specialty:
*Physician Practice Name:		*Practice National Provider Identifier (NPI) No.:
*Office Contact Name:	*Office Contact Phone No.:	Ext:
*Physician Address:		
*City:	*State:	*Zip Code:
*Physician Phone No.:	*Physician Fax No.:	
Physician Email:		
*Physician NPI No.:	*State License No.:	*Tax ID No.:

REFERRING PHYSICIAN INFORMATION

*Ordering Physician Name:		*Specialty:
*Physician Practice Name:		*Practice National Provider Identifier (NPI) No.:
*Office Contact Name:	*Office Contact Phone No.:	Ext:
*Physician Address:		
*City:	*State:	*Zip Code:
*Physician Phone No.:	*Physician Fax No.:	
Physician Email:		
*Physician NPI No.:	*State License No.:	*Tax ID No.:

SITE-OF-TREATMENT INFORMATION

*Administering Facility:	☐ Hospital Outpatient	☐ Freestanding/Physician Office
*Facility Address:		
*City:	*State:	*Zip Code:
*Facility Phone No.:	*Facility Fax No.:	
*Facility NPI No.:	*Tax ID No.:	
*Facility Contact Person:	*Facility Contact Phone No.:	Ext:

CLINICAL INFORMATION

*Include at least 1 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code below. Please refer to page 3 for a list of potential ICD-10-CM code options.

Diagnosis (ICD-10-CM code): _____ Description: _____

Diagnosis (ICD-10-CM code): _____ Description: _____

PHYSICIAN CERTIFICATION

I certify that the above therapy is medically necessary, and that the information provided is accurate to the best of my knowledge. I certify that I am the prescriber who has prescribed LUTATHERA® (lutetium Lu 177 dotatate) injection to the previously identified patient and that I provided the patient a description of the Novartis Patient Support Program. I authorize the Novartis Patient Support Program to act on my behalf for the purposes of determining the patient's eligibility for participation in the Novartis Patient Support Program. I agree to receive communications, including faxes, related to my patient's enrollment or participation in the Novartis Patient Support Program.

I HAVE OBTAINED FROM MY PATIENT ALL REQUIRED AUTHORIZATIONS TO DISCLOSE TO NOVARTIS PATIENT SUPPORT AND ITS REPRESENTATIVES THE PATIENT'S PROTECTED HEALTH INFORMATION (PHI), INCLUDING THE INFORMATION PROVIDED ON THIS FORM. I ALSO AGREE THAT NOVARTIS MAY CONTACT THE PATIENT DIRECTLY IN CONNECTION WITH THE NOVARTIS PATIENT SUPPORT PROGRAM.

STOP *PHYSICIAN SIGNATURE:

*Physician Printed Name:	*Date:

Please see the full Prescribing Information for LUTATHERA.

NOVARTIS

Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, New Jersey 07936-1080

ICD-10-CM Codes

The table below lists the ICD-10-CM potential diagnosis codes that you may consider for patient treatment with LUTATHERA® (lutetium Lu 177 dotatate) injection.

ICD-10-CM CODE	DESCRIPTION
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.092	Malignant carcinoid tumor of the stomach
C7A.094	Malignant carcinoid tumor of the foregut NOS
C7A.095	Malignant carcinoid tumor of the midgut NOS
C7A.096	Malignant carcinoid tumor of the hindgut NOS
C7A.098	Malignant carcinoid tumors of other site
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.04	Secondary carcinoid tumors of peritoneum
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

Please see the full Prescribing Information for LUTATHERA.

NOVARTIS

Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, New Jersey 07936-1080

PATIENT AUTHORIZATION

Please read the following carefully, then sign and date where indicated on page 1.

I authorize my health care providers, pharmacies, health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical condition, treatment, and prescription details ("Personal Information") to the Novartis Patient Support Program and the Novartis Patient Assistance Foundation, Inc ("NPAF") and its service providers so they can provide the following support services ("Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication
- Communicate with me about possible financial assistance, including Novartis Patient Support co-pay or NPAF programs, and, if I am enrolled, administer my participation in these 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 Patient Support and NPAF may share 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 my 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 Patient Support for providing certain aspects of the 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 that I do not have to sign this Patient Authorization to get my medication or insurance coverage, that I have a right to a copy, and that I can cancel this Authorization at any time by calling 1-844-638-7222 or by writing to Novartis Patient Support 4199 Kinross Lakes Parkway, Suite 220, Richfield, OH 44286.

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 Patient Support or NPAF, but it will not impact my Providers' treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis Patient Support or NPAF on an authorized, ongoing basis, my cancellation with Novartis Patient Support or NPAF 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.

I agree for myself and certify (if applicable) that my caregiver agrees to receive nonmarketing calls and texts from Novartis Patient Support or NPAF, including through an autodialer or prerecorded voice, at the number(s) provided.

For more information on Novartis Patient Support programs related to LUTATHERA, please visit www.novartis-patientsupport.com/RLT.

Rev. 2/23

TELEPHONE CONSUMER PROTECTION ACT (TCPA) CONSENT

The Novartis Patient Support Program includes calls and texts to help you get started on your medication. After you enroll in the Program, you may receive reminders, education, and lifestyle tips by mail and email. You can also get this ongoing support via calls and texts by checking the box on page 1 of this Enrollment Form. By checking said box, you also acknowledge your understanding that calls or texts may be autodialed or prerecorded and are not a condition of purchase. I agree to the TCPA Terms & Conditions. Number of messages will vary based on my program selections. Message and data rates may apply. I understand that I can read the full Novartis Privacy Policy at https://www.novartis.com/us-en/privacy. Text STOP to opt out and HELP for help.

Please see the full Prescribing Information for LUTATHERA.

NOVARTIS

Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, New Jersey 07936-1080

NOVARTIS PATIENT SUPPORT PROGRAM TERMS AND CONDITIONS

- Limitations apply
- The Novartis Patient Support Program (the "Program") is valid only for patients with commercial insurance coverage who are otherwise eligible for the Program. The Program is not valid under Medicare, Medicaid, or any other federal or state program; for cash-paying patients; where the product is not covered by the patient's commercial insurance; or where the patient's insurer reimburses the patient for the entire cost of LUTATHERA® (lutetium Lu 177 dotatate) injection
- The patient is obligated to notify Novartis Patient Support at 1-844-638-7222 promptly if the patient's insurance coverage changes or the patient otherwise becomes ineligible for coverage under the Program
- Patient must be age 18 or older
- Patient must be a permanent resident of the United States, the Commonwealth of Puerto Rico, or the US Virgin Islands
- Patient must be prescribed LUTATHERA for a US Food and Drug Administration-approved indication
- Treatment with LUTATHERA must be provided in an appropriate outpatient setting
- The Program provides that an eligible patient will be responsible for the first $25 and then may receive assistance for up to a maximum of [$15,000] over the course of the treatment (ie, 4 LUTATHERA infusions) to cover eligible out-of-pocket costs for LUTATHERA. After the maximum coverage is reached, the patient will be responsible for any out-of-pocket costs incurred
- Patient must have an out-of-pocket cost for LUTATHERA and be administered LUTATHERA prior to the expiration date of the Program. The benefit available under the Program is valid for the patient's out-of-pocket cost for LUTATHERA only. It is not valid for any other out-of-pocket costs (eg, office visit charges or medication administration charges) even if such costs are associated with the administration of LUTATHERA
- If a patient's insurance benefit year expires during the course of approved Program eligibility, confirmation of ongoing treatments and updated insurance information must be received from the treatment facility or physician's office for eligibility under the Program to be continued into the new benefit period
- The patient is subject to eligibility verification prior to enrollment in the Program
- The patient's eligibility for the Program expires on the anniversary of the first year following the patient's initial approval for the Program. Thereafter, the patient may re-enroll in the Program on a yearly basis. For each re-enrollment period, the patient is subject to eligibility verification
- Reimbursement under the Program is processed after services are rendered and the appropriate documentation is submitted to the Program. Such documentation must be submitted within 365 days after the date of service and must specify a line item specifically for LUTATHERA
- The benefit conferred by the Program is exclusively for the patient
- The Program is not valid where prohibited by law
- The patient and the patient's health care professional must not seek reimbursement for the benefit conferred by the Program from any other party, including without limitation any health insurance program or plan, flexible spending account, or health care savings account. Providers submitting a claim for assistance on behalf of an eligible patient agree not to charge such patient for any amounts covered by the Program
- The Program is not health insurance
- The Program may not be combined with any third-party rebate, coupon, or offer
- Data related to the patient's receipt of benefits under the Program may be collected, analyzed, and shared with Novartis Patient Support, in an aggregated and patient deidentified form, for purposes that include assessing the Program and potentially making adjustments to such Program
- Novartis Patient Support reserves the right to rescind, revoke, or amend the Program and/or discontinue assistance at any time without notice
- No other purchase is necessary
- Program is limited to 1 per person during this offering period and is not transferable

Please see the full Prescribing Information for LUTATHERA.

NOVARTIS

Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, New Jersey 07936-1080