AAA PatientCONNECT™ has become Novartis Patient Support

Novartis Patient Support

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

Enrollment Form for PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan)

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

Expected PLUVICTO 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:

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Please see the full Prescribing Information for PLUVICTO.

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

*Primary and secondary International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes are required.

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 PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan) 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 PLUVICTO.

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CLINICAL INFORMATION

ICD-10-CM

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

Code	Description
❑ C61	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

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 2012 American Medical Association (AMA). All rights reserved.

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Please see the full Prescribing Information for PLUVICTO.

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 Novartis Patient Support 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 PLUVICTO, 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.

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NOVARTIS PATIENT SUPPORT CO-PAY ASSISTANCE PROGRAM (CAP) TERMS AND CONDITIONS

- Limitations apply
- The Novartis Patient Support Co-pay Assistance 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 PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan) 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 PLUVICTO for a US Food and Drug Administration-approved indication
- Treatment with PLUVICTO 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, 6 PLUVICTO infusions) to cover eligible out-of-pocket costs for PLUVICTO. 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 PLUVICTO and be administered PLUVICTO 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 PLUVICTO 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 PLUVICTO
- 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 reenroll in the Program on a yearly basis. For each reenrollment 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 PLUVICTO
- 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 Provider 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

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