

Novartis Patient Support

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

**Enrollment Form for Insurance Benefit Information for LOCAMETZ®
(kit for the preparation of gallium Ga 68 gozetotide injection)****NOTE:** The enrollment cannot be processed without both prescriber and patient signatures.

Expected Date of LOCAMETZ Scan: _____

*Indicates Required Field

PATIENT INFORMATION

*Patient Name:		*Date of Birth:
*Address:		*Sex: <input type="checkbox"/> M <input type="checkbox"/> F
*City:	*State:	*Zip Code:
*Phone No.: <input type="checkbox"/> Home: <input type="checkbox"/> Cell:		
*OK to leave a message: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Alternate Contact Name:		Relationship:
Patient Email:		

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

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



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

**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: <input type="checkbox"/> M <input type="checkbox"/> F	*Policy Holder DOB:	*Policy Holder Relationship:

Carrier 2

Carrier:	Health Plan:	
Carrier Phone No.:	Policy ID No.:	
Group No.:	Policy Holder Name:	
Policy Holder Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Policy Holder DOB:	Policy Holder Relationship:

Please see the full [Prescribing Information](#) for LOCAMETZ.

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:		<input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> 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:	
**Include at least 1 Current Procedural Terminology (CPT®) code below.			
CPT® code:		Description:	
PHYSICIAN CERTIFICATION			
<p>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 LOCAMETZ® (kit for the preparation of gallium Ga 68 gozetotide 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.</p>			
<p> 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.</p>			
 STOP		*PHYSICIAN SIGNATURE:	
*Physician Printed Name:		*Date:	

Please see the full [Prescribing Information](#) for LOCAMETZ.

CLINICAL INFORMATION**ICD-10-CM* Codes**

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

Please see the full [Prescribing Information](#) for LOCAMETZ.



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, 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 LOCAMETZ, please visit www.novartis-patientsupport.com/RLT.

Rev. 2/23

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