



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™

**LUTATHERA®**  
(lutetium Lu 177 dotatate)  
injection, for intravenous use

## START FORM

★ = REQUIRED

Please check the box below if support is requested for:

☐ **NETSPOT® (kit for the preparation of gallium Ga 68 dotatate 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.*	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
★ Date of Birth (MM/DD/YYYY)	★ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	OK to Leave Voicemail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
★ Address (No PO Box)		Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 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.*	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
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### 2. Patient Authorization and Additional Enrollment Consents

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

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

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

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 LUTATHERA 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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or visit [www.novartis.com/report](http://www.novartis.com/report)



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\* 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

NETSPOT only (if applicable): CPT Code

#### 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 LUTATHERA 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 LUTATHERA). 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 LUTATHERA® (lutetium Lu 177 dotatate). (Select 1 or more)

Code	Description
<input type="checkbox"/> C7A.00	Malignant carcinoid tumor of unspecified site
<input type="checkbox"/> C7A.010	Malignant carcinoid tumor of the duodenum
<input type="checkbox"/> C7A.011	Malignant carcinoid tumor of the jejunum
<input type="checkbox"/> C7A.012	Malignant carcinoid tumor of the ileum
<input type="checkbox"/> C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
<input type="checkbox"/> C7A.020	Malignant carcinoid tumor of the appendix
<input type="checkbox"/> C7A.021	Malignant carcinoid tumor of the cecum
<input type="checkbox"/> C7A.022	Malignant carcinoid tumor of the ascending colon
<input type="checkbox"/> C7A.023	Malignant carcinoid tumor of the transverse colon
<input type="checkbox"/> C7A.024	Malignant carcinoid tumor of the descending colon
<input type="checkbox"/> C7A.025	Malignant carcinoid tumor of the sigmoid colon
<input type="checkbox"/> C7A.026	Malignant carcinoid tumor of the rectum
<input type="checkbox"/> C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
<input type="checkbox"/> C7A.092	Malignant carcinoid tumor of the stomach
<input type="checkbox"/> C7A.094	Malignant carcinoid tumor of the foregut not otherwise specified
<input type="checkbox"/> C7A.095	Malignant carcinoid tumor of the midgut not otherwise specified
<input type="checkbox"/> C7A.096	Malignant carcinoid tumor of the hindgut not otherwise specified
<input type="checkbox"/> C7A.098	Malignant carcinoid tumors of other site
<input type="checkbox"/> C7A.1	Malignant poorly differentiated neuroendocrine tumors
<input type="checkbox"/> C7B.00	Secondary carcinoid tumors, unspecified site
<input type="checkbox"/> C7B.01	Secondary carcinoid tumors of distant lymph nodes
<input type="checkbox"/> C7B.02	Secondary carcinoid tumors of liver
<input type="checkbox"/> C7B.04	Secondary carcinoid tumors of peritoneum
<input type="checkbox"/> C25.0	Malignant neoplasm of head of pancreas
<input type="checkbox"/> C25.1	Malignant neoplasm of body of pancreas
<input type="checkbox"/> C25.2	Malignant neoplasm of tail of pancreas
<input type="checkbox"/> C25.4	Malignant neoplasm of endocrine pancreas
<input type="checkbox"/> C25.7	Malignant neoplasm of other parts of pancreas
<input type="checkbox"/> C25.8	Malignant neoplasm of overlapping sites of pancreas
<input type="checkbox"/> C25.9	Malignant neoplasm of pancreas, unspecified

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.

## CLINICAL INFORMATION

### ICD-10-CM

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

Code	Description	Code	Description
<input type="checkbox"/> C7A.01	Malignant carcinoid tumors of the small intestine	<input type="checkbox"/> D12.6	Benign neoplasm of colon, unspecified
<input type="checkbox"/> C7A.010	Malignant carcinoid tumor of the duodenum	<input type="checkbox"/> D12.7	Benign neoplasm of rectosigmoid junction
<input type="checkbox"/> C7A.011	Malignant carcinoid tumor of the jejunum	<input type="checkbox"/> D12.8	Benign neoplasm of rectum
<input type="checkbox"/> C7A.012	Malignant carcinoid tumor of the ileum	<input type="checkbox"/> D12.9	Benign neoplasm of anus and anal canal
<input type="checkbox"/> C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	<input type="checkbox"/> D13.1	Benign neoplasm of stomach
<input type="checkbox"/> C7A.020	Malignant carcinoid tumor of the appendix	<input type="checkbox"/> D13.2	Benign neoplasm of duodenum
<input type="checkbox"/> C7A.021	Malignant carcinoid tumor of the cecum	<input type="checkbox"/> D13.30	Benign neoplasm of unspecified part of small intestine
<input type="checkbox"/> C7A.022	Malignant carcinoid tumor of the ascending colon	<input type="checkbox"/> D13.39	Benign neoplasm of other parts of small intestine
<input type="checkbox"/> C7A.023	Malignant carcinoid tumor of the transverse colon	<input type="checkbox"/> D14.30	Benign neoplasm of unspecified bronchus and lung
<input type="checkbox"/> C7A.024	Malignant carcinoid tumor of the descending colon	<input type="checkbox"/> D15.0	Benign neoplasm of thymus
<input type="checkbox"/> C7A.025	Malignant carcinoid tumor of the sigmoid colon	<input type="checkbox"/> D30.00	Benign neoplasm of unspecified kidney
<input type="checkbox"/> C7A.026	Malignant carcinoid tumor of the rectum	<input type="checkbox"/> D3A.010	Benign carcinoid tumor of the duodenum
<input type="checkbox"/> C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	<input type="checkbox"/> D3A.011	Benign carcinoid tumor of the jejunum
<input type="checkbox"/> C7A.090	Malignant carcinoid tumor of the bronchus and lung	<input type="checkbox"/> D3A.012	Benign carcinoid tumor of the ileum
<input type="checkbox"/> C7A.091	Malignant carcinoid tumor of the thymus	<input type="checkbox"/> D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
<input type="checkbox"/> C7A.092	Malignant carcinoid tumor of the stomach	<input type="checkbox"/> D3A.020	Benign carcinoid tumor of the appendix
<input type="checkbox"/> C7A.093	Malignant carcinoid tumor of the kidney	<input type="checkbox"/> D3A.021	Benign carcinoid tumor of the cecum
<input type="checkbox"/> C7A.094	Malignant carcinoid tumor of the foregut, unspecified	<input type="checkbox"/> D3A.022	Benign carcinoid tumor of the ascending colon
<input type="checkbox"/> C7A.095	Malignant carcinoid tumor of the midgut, unspecified	<input type="checkbox"/> D3A.023	Benign carcinoid tumor of the transverse colon
<input type="checkbox"/> C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	<input type="checkbox"/> D3A.024	Benign carcinoid tumor of the descending colon
<input type="checkbox"/> C7B.01	Secondary carcinoid tumors of distant lymph nodes	<input type="checkbox"/> D3A.025	Benign carcinoid tumor of the sigmoid colon
<input type="checkbox"/> C7B.02	Secondary carcinoid tumors of liver	<input type="checkbox"/> D3A.026	Benign carcinoid tumor of the rectum
<input type="checkbox"/> C7B.03	Secondary carcinoid tumors of bone	<input type="checkbox"/> D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
<input type="checkbox"/> C7B.04	Secondary carcinoid tumors of peritoneum	<input type="checkbox"/> D3A.090	Benign carcinoid tumor of the bronchus and lung
<input type="checkbox"/> C25.0	Malignant neoplasm of head of pancreas	<input type="checkbox"/> D3A.091	Benign carcinoid tumor of the thymus
<input type="checkbox"/> C25.1	Malignant neoplasm of body of pancreas	<input type="checkbox"/> D3A.092	Benign carcinoid tumor of the stomach
<input type="checkbox"/> C25.2	Malignant neoplasm of tail of pancreas	<input type="checkbox"/> D3A.093	Benign carcinoid tumor of the kidney
<input type="checkbox"/> C25.4	Malignant neoplasm of endocrine pancreas	<input type="checkbox"/> D3A.094	Benign carcinoid tumor of the foregut, unspecified
<input type="checkbox"/> C25.7	Malignant neoplasm of other parts of pancreas	<input type="checkbox"/> D3A.095	Benign carcinoid tumor of the midgut, unspecified
<input type="checkbox"/> C25.8	Malignant neoplasm of overlapping sites of pancreas	<input type="checkbox"/> D3A.096	Benign carcinoid tumor of the hindgut, unspecified
<input type="checkbox"/> C25.9	Malignant neoplasm of pancreas, unspecified	<input type="checkbox"/> D49.511	Neoplasm of unspecified behavior of right kidney
<input type="checkbox"/> D12.0	Benign neoplasm of cecum	<input type="checkbox"/> D49.512	Neoplasm of unspecified behavior of left kidney
<input type="checkbox"/> D12.1	Benign neoplasm of appendix	<input type="checkbox"/> D49.519	Neoplasm of unspecified behavior of unspecified kidney

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