

Treatment/Scanning Center Locator Tool



You may now add or update this information in real time directly within the Novartis Ordering Portal.

Purpose: To collect information for your treatment/scanning center and to add your information on the Novartis websites for PLUVICTO, LUTATHERA, and/or LOCAMETZ. Please note that it may take up to 2 weeks for a center to be added to the locator.

If you are making changes to a section that differs from a previously submitted form, please provide the date of the change.

By checking a box in the “Add center” or “Change/update existing information” columns in section 1, you are granting Novartis permission to publicly post this information on its treatment/scanning center locator tool(s) hosted on the brand website(s).

Please note that the treatment/scanning centers listed are those that have authorized their participation on our website; not all certified treatment/scanning centers are included.

1 Product Information (required)

Date of section update: _____

Please check (✓) ALL boxes that apply:

	Add center	Change/update existing information	Request removal
PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan)	☐	☐	☐
LUTATHERA® (lutetium Lu 177 dotatate)	☐	☐	☐
LOCAMETZ® (kit for the preparation of gallium Ga 68 gozetotide injection)	☐	☐	☐

2 Treatment/Scanning Center Information (required)

Date of section update: _____

Treatment Site Name: _____

Street Address: _____

Suite Number: _____ Floor Number: _____

City: _____ State: _____ ZIP Code: _____

3 Contact Information

Date of section update: _____

Note: This information may be relevant to patients/caregivers.

Website URL: _____

(If desired, please provide web address; we recommend linking to the department's page, if available)

Phone Number (Format - (###) ###-####): _____

Phone Description (eg, “For Patients” or “Treatment Intake”): _____

Fax Number: _____

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3 Contact Information (continued)

Date of section update: _____

Please indicate which days this location is available for patient treatment.

☐ Monday	Open Hour: _____	Close Hour: _____
☐ Tuesday	Open Hour: _____	Close Hour: _____
☐ Wednesday	Open Hour: _____	Close Hour: _____
☐ Thursday	Open Hour: _____	Close Hour: _____
☐ Friday	Open Hour: _____	Close Hour: _____
☐ Saturday	Open Hour: _____	Close Hour: _____
☐ Sunday	Open Hour: _____	Close Hour: _____

4 Additional Operational Details About Your Treatment Center (optional)

Are you accepting new patients? ☐ Yes ☐ No

What insurance plans do you accept?

☐ Medicaid ☐ Medicare Advantage plans ☐ Medicare (Red, White, and Blue Card)

☐ Commercial/private insurance plans ☐ Veteran Affairs (VA) plans

☐ TRICARE plans

Is a physician referral required? (eg, submission of treatment eligibility documentation, confirmatory scans, labwork)

☐ Yes, I require a referral

☐ No, I do not require a referral

5 Treatment Team and Referral Point of Contact

Treatment Team

Name: _____

Role: _____ Specialty: _____

Name: _____

Role: _____ Specialty: _____

Name: _____

Role: _____ Specialty: _____

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5 Treatment Team and Referral Point of Contact (continued)

Referral Point of Contact

Name: _____ Title: _____

Phone Number: _____ Phone Number Description: _____

Email Address: _____ Fax Number: _____

6 Referral Directions for Your Treatment Center

Do you want to add referral information to share with referring physicians? ☐ Yes ☐ No

Would you like us to publish the referral information on our Treatment Site Locator? ☐ Yes ☐ No

PLUVICTO Referral Directions

- ☐ Contact office for referrals
- ☐ Use the Novartis Referral Form
- ☐ Use the Novartis Referral Checklist
- ☐ Provide URL to Site Digital Referral Form **for HCPs**

☐ Provide URL to Consult Appointment Request Page or Booking System **for Patients**

☐ If you choose to use custom referral directions, please check this box and attach them when emailing back this completed form

LUTATHERA Referral Directions

- ☐ Contact office for referrals
- ☐ Use the Novartis Referral Form
- ☐ Use the Novartis Referral Checklist
- ☐ Provide URL to Site Digital Referral Form **for HCPs**

☐ Provide URL to Consult Appointment Request Page or Booking System **for Patients**

☐ If you choose to use custom referral directions, please check this box and attach them when emailing back this completed form

7 Treatment Site ID (for internal use only)

Note: This is only applicable to PLUVICTO and LUTATHERA sites.

Please fill out and email this form to our **Customer Support team** at customerserv-us.aaa@novartis.com. If you have any questions or need assistance with accessing the ordering platform, reach out to our **Customer Support team** at **1-844-367-3222**.

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