PATIENT ENROLLMENT FORM

Phone: 1-844-AZEDRA1 (1-844-293-3721) | **Fax:** 1-833-229-3372

AZEDRA® iobenguane I 131 injection for intravenous use

Please read the authorization below. If you agree, sign and date the bottom of the form and provide to your doctor to send to AZEDRA Service Connection®. This will allow you to quickly enroll in AZEDRA support services.

PATIENT INFORMATION

First Name: MI: Last Name:

Address:

City: State: Zip Code:

Home Phone: ( ) - Cell Phone: ( ) - Email Address:

AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION ("AUTHORIZATION")

I authorize the use and/or disclosure of my contact information and protected health information (or "PHI") related to my disease management, including but not limited to my name, medical and pharmacy records and information relating to payment for my disease management, care management and health insurance, as well as all information provided on any AZEDRA prescription or prescription related to my disease management, to Progenics Pharmaceuticals, Inc., the AZEDRA Service Connection Program (the "Program") and its agents and contractors. These agents and contractors include a company that administers the Program and the supplier, which dispenses AZEDRA (collectively "Progenics").

The purpose of this Authorization is to enable me to obtain patient support from Progenics, including:

- Investigation of my insurance coverage
- Coordination of benefits and reimbursement support
- Investigation of financial support services and programs that may help me
- Education and access to patient programs related to my disease management
- To coordinate my AZEDRA treatments
- To manage supply and availability of AZEDRA for my treatments
- To follow up with my healthcare providers or myself with regard to any reported adverse event / product technical complaint / incident or other safety related information
- To comply with applicable law

The Authorization also enables me to receive Marketing communications from Progenics or those acting on its behalf.

Progenics is authorized to contact me by mail, e-mail, text, telephone, and/or any alternative communication method that I request in connection with the Program.

Once my PHI has been disclosed to Progenics, I understand that federal privacy laws may no longer apply to it. However, Progenics will take reasonable steps to protect my PHI by using and disclosing it only for the purposes described in this Authorization or as otherwise authorized by law.

I understand that I am entitled to a copy of this Authorization, and that I may revoke this Authorization at any time, by mailing a written notice to AZEDRA Service Connection, PO Box 220553, Charlotte, NC 28222-9908, or by faxing a request to 1-833-229-3372.

I understand that revoking this Authorization will end further use and disclosure of my PHI, but that it will not affect use or disclosure of PHI that has already been disclosed by Progenics.

I have read and understand the Authorization and agree to the terms.

Name of Person Signing the Authorization (If Anyone Other Than Patient):

Relationship to Patient:

/ /

Signature of Patient or Patient Representative **Date**

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Please see Important Safety Information on next page and Patient Counseling Information within the full Prescribing Information for AZEDRA.

Important Safety Information for Patients

Approved Use:

AZEDRA® (iobenguane I 131) is a prescription medicine used to treat adult and pediatric patients 12 years and older with cancers known as pheochromocytoma and paraganglioma that are positive for the norepinephrine transporter (as determined by an iobenguane scan), and who require systemic anticancer therapy.

Important Safety Information

AZEDRA can cause serious side effects. If you experience these side effects, your health care provider may need to adjust or stop your treatment. You should always follow your health care provider's instructions. Serious side effects may include:

Radiation exposure: Treatment with AZEDRA will expose you to radiation which can contribute to your overall long-term radiation exposure. Overall radiation exposure is associated with an increased risk for cancer. Radiation risk is greater in children than in adults. You should stay well hydrated before, during, and after your treatment and urinate frequently. Your doctor will advise you on how to lessen exposure to people who may come into contact with you after AZEDRA treatment.

Bone marrow problems and other cancers: Treatment with AZEDRA may cause your blood cell counts to drop (myelosuppression). Serious cases of myelosuppression have been observed during AZEDRA treatment. You may experience blood-related side effects such as low numbers of cells that are responsible for blood clotting (thrombocytopenia), low numbers of a type of white blood cells (neutropenia), and low red blood cells (anemia). Among the 88 patients who received a therapeutic dose of AZEDRA, 33% experienced Grade 4 thrombocytopenia, 16% experienced Grade 4 neutropenia, and 7% experienced Grade 4 anemia. Five percent of patients experienced febrile neutropenia (neutropenia with fever). People with low blood counts can develop serious infections. Your health care provider will routinely check your blood counts and tell you if they are too low. Tell your doctor if you experience any symptoms of low blood counts or infection, such as fever, chills, dizziness, shortness of breath, or increased bleeding or bruising. Your health care provider may need to adjust or stop your treatment accordingly. Other conditions that you may develop as a direct result of treatment with AZEDRA are blood and bone marrow cancers known as secondary myelodysplastic syndrome (MDS) and leukemia. MDS or acute leukemias were reported in 6.8% of the 88 patients who received a therapeutic dose of AZEDRA. The time to development of MDS or acute leukemia ranged from 12 months to 7 years. Two of the 88 patients developed other types of cancer.

Thyroid problems: Treatment with AZEDRA may increase your long-term risk of developing an underactive thyroid (hypothyroidism) or thyroid cancer. Hypothyroidism was reported in 3.4% of the 88 patients who received a therapeutic dose of AZEDRA. Take all thyroid-blocking agents as prescribed by your doctor to reduce the risk of these problems. You may need life-long monitoring for signs and symptoms of hypothyroidism.

Elevations in blood pressure: During or 24 hours following AZEDRA treatment, you may experience increases of blood pressure (hypertension) as a result of hormones released from your cancer. Eleven percent of the 88 patients who received a therapeutic dose of AZEDRA experienced a worsening of pre-existing hypertension. All changes in blood pressure occurred within the first 24 hours after treatment. Monitor blood pressure frequently during the first 24 hours after each therapeutic dose of AZEDRA. Tell your doctor if you experience any cardiac-related symptoms.

Kidney problems: Treatment with AZEDRA will expose your kidneys to radiation and may impair their ability to work as normal. In some cases, patients have experienced kidney failure after treatment with AZEDRA. Of the 88 patients who received a therapeutic dose of AZEDRA, 7% developed kidney failure or acute kidney injury, and 22% experienced a decrease in kidney function measured at 6 or 12 months. Your health care provider will monitor your kidneys after treatment using blood tests, particularly if you already have kidney impairment before treatment.

Respiratory problems: Treatment with AZEDRA may cause noninfectious lung inflammation (pneumonitis). Tell your doctor if you experience shortness of breath, difficulty breathing, or cough.

Pregnancy warning: Before treatment with AZEDRA, tell your doctor if you are pregnant or plan to become pregnant. Exposure to radiation from treatment with AZEDRA can harm your unborn baby. Use an effective method of birth control during treatment with AZEDRA and for 7 months (for females) and 4 months (for males) after your final dose. Do not breastfeed during treatment with AZEDRA and for 80 days after your final dose.

Fertility problems: Treatment with AZEDRA may cause infertility due to radiation absorbed by your testes or ovaries over the treatment period that is within the range of exposure where temporary or permanent infertility may be expected.

The most common and most serious side effects of AZEDRA include decreased blood cell counts, nausea, vomiting and fatigue. These are not all the possible side effects of AZEDRA. For more information, ask your health care provider.

Drugs that reduce catecholamine uptake or that deplete catecholamine stores may interact with AZEDRA and may affect how well it works. These drugs were not permitted in the clinical trials. Tell your doctor before starting any medication, including over the counter medications, herbal or dietary supplements.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see the full Prescribing Information for AZEDRA.

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AZEDRA® SERVICE CONNECTION®

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