Gozetotide

Also called: Locametz; Illuccix; Gozellix; Gallium Ga 68 gozetotide; 68Ga-PSMA-11; PSMA-11

What it is

Gallium Ga 68 gozetotide (PSMA-11), the PSMA PET imaging agent first approved in December 2020 for staging and restaging prostate cancer and for selecting patients for Pluvicto.

Approval status

FDA Approved. First approved in the US on December 1, 2020 as gallium Ga 68 PSMA-11 (gozetotide) for two academic producers, UCLA (NDA 212642) and UCSF (NDA 212643); as the Illuccix kit (Telix, NDA 214032) on December 17, 2021; as the Locametz kit (Novartis, NDA 215841) on March 23, 2022; and as Gozellix (Telix, NDA 219592) on March 20, 2025, with generic versions approved in 2026 (Drugs@FDA via openFDA, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: PSMA PET in men with prostate cancer (Locametz) **[Approved label]** Locametz (kit for the preparation of gallium Ga 68 gozetotide injection) US prescribing information (Novartis; DailyMed set 8683b06e, effective January 15, 2026)	111-259 MBq (3-7 mCi)	Single injection	Imaging 50-100 minutes after injection	Slow intravenous injection
Label: PSMA PET in men with prostate cancer (Illuccix) **[Approved label]** Illuccix (kit for the preparation of gallium Ga 68 gozetotide injection) US prescribing information (Telix; DailyMed set d4643b31, version 18, effective June 25, 2026)	111-259 MBq (3-7 mCi)	Single injection	Imaging 50-100 minutes after injection; delayed imaging up to about 4 hours on long axial field-of-view PET/CT	Intravenous bolus

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 13 human studies carded on the page (13 study cards in all):

• **Pharmacokinetics and radiation dose** (Human, 2025). In Japanese patients given 111 to 259 MBq before lutetium-177 PSMA-617 therapy, the tracer cleared from the blood in two phases with a terminal half-life of about 3.9 hours; the kidneys received the largest absorbed dose, and the effective dose was 0.030 mSv per MBq. **PMID 40638023**

• **Recurrent cancer, 635 men** (Human, 2019). In men whose cancer had returned after prostatectomy or radiotherapy, the scan located recurrence in 75%, rising from 38% at PSA below 0.5 ng/mL to 97% at 5 ng/mL or more. Positive findings were confirmed by tissue in 84%, and no serious adverse events were linked to the tracer. **PMID 30920593**

• **Replacing some biopsies** (Human, 2026). In 660 men with high-risk features but an equivocal or non-suspicious MRI, a PSMA PET-guided pathway found clinically significant cancer in 12% against 16% with systematic biopsy, meeting non-inferiority, and avoided biopsy in 49%. **PMID 42269655**

Interactions

From the FDA label's drug-interaction section (Novartis. LOCAMETZ (kit for gallium Ga 68 gozetotide) US prescribing information, section 7. DailyMed version of January 15, 2026, read October 3, 2026):

• With androgen deprivation therapy and androgen-receptor antagonists: can change gozetotide uptake in prostate cancer; effect on scan performance not established (FDA label)

Side effects and cautions

Reported side effects	Contraindications and cautions
• No serious adverse events linked to the tracer in the 635-patient recurrence study • Radiation exposure: an effective dose of 0.030 mSv per MBq in the pharmacokinetic study	• Risk for misinterpretation: uptake is not specific to prostate cancer and may be seen in other cancers and benign conditions • Radiation risk: hydration and frequent voiding to reduce exposure

Five questions to ask

1. Is Gozetotide right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Gozetotide? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example no serious adverse events linked to the tracer in the 635-patient recurrence study?
4. Do any of the cautions on this sheet apply to me, such as: Risk for misinterpretation: uptake is not specific to prostate cancer and may be seen in other cancers and benign conditions?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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