

**CAPRELSA® (vandetanib) Prescription Form**

*Specialty Pharmacy Partner*

Fax: 800.823.4506 Phone: 800.850.4306

**PATIENT INFORMATION**

Full Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Ph # \_\_\_\_\_ Mobile Ph # \_\_\_\_\_ Alt. Contact Name / Ph # \_\_\_\_\_  
 Primary Diagnosis \_\_\_\_\_ ICD10 Code  C73  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ BSA \_\_\_\_\_ Allergies \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance Name \_\_\_\_\_ Primary Insurance Ph # \_\_\_\_\_  
 Insured's Name \_\_\_\_\_ Rx ID# \_\_\_\_\_  
 Rx Group # \_\_\_\_\_ Rx BIN # \_\_\_\_\_ Rx PCN # \_\_\_\_\_  
 Secondary Insurance Name \_\_\_\_\_ Insured's Name \_\_\_\_\_  
 Effective Date \_\_\_\_\_ Rx ID # \_\_\_\_\_ Rx Group # \_\_\_\_\_

**PRESCRIBER INFORMATION**

Office Contact \_\_\_\_\_ Today's Date \_\_\_\_\_ Request call back?  Yes  
 Ph # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Prescriber's Name (please print) \_\_\_\_\_  
 Name of Hospital/Clinic \_\_\_\_\_  
 Hospital/Clinic Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Prescriber's Federal Tax ID# \_\_\_\_\_  
 Practice NPI # \_\_\_\_\_ Prescriber's NPI # \_\_\_\_\_  
 Prescriber's DEA # \_\_\_\_\_ Prescriber's State License # \_\_\_\_\_

**PRESCRIPTION**

Rx Start Date \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CAPRELSA 300-mg daily dose<br>300-mg tablets #30<br>Sig: Take 1 tablet by mouth once daily<br>Refills _____ | <input type="checkbox"/> CAPRELSA 200-mg daily dose<br>100-mg tablets #60<br>Sig: Take 2 tablets by mouth once daily<br>Refills _____ | <input type="checkbox"/> CAPRELSA 100-mg daily dose<br>100-mg tablets #30<br>Sig: Take 1 tablet by mouth once daily<br>Refills _____ |
|--|---|--|

\_\_\_\_\_ Date \_\_\_\_\_ Prescriber's Signature \_\_\_\_\_ Required Prescriber Certification Number \_\_\_\_\_

Please fax along with this form the following information:

- Prescription, if not provided above
- Copy of patient's insurance card (front and back)
- Medication list
- Most recent H&P/clinical notes

*Biologics, Inc. will contact the patient by telephone to schedule delivery*  
 The CAPRELSA Prescription Referral Form is available at  
[www.caprelsarems.com](http://www.caprelsarems.com) and [www.biologicstoday.com](http://www.biologicstoday.com).  
**Please see attached full Prescribing Information, including Boxed WARNING, for CAPRELSA.** CAPRELSA is a registered trademark of the Sanofi Genzyme group of companies.

***CERTIFICATION REQUIRED***  
*To Prescribe Caprelisa, please visit*  
[www.caprelsarems.com](http://www.caprelsarems.com) for information.