



**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 \_\_\_\_\_

CAPRELSA 300-mg daily dose

300-mg tablets #30

Sig: Take 1 tablet by mouth once daily

Refills \_\_\_\_\_

CAPRELSA 200-mg daily dose

100-mg tablets #60

Sig: Take 2 tablets by mouth once daily

Refills \_\_\_\_\_

CAPRELSA 100-mg daily dose

100-mg tablets #30

Sig: Take 1 tablet by mouth once daily

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.