

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

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CERTIFICATION REQUIRED

To Prescribe Caprelsa, please visit
www.caprelsarems.com for information.