

**PATIENT INFORMATION**

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

**INSURANCE INFORMATION**

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

**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**

CAPRELSA 300-mg daily dose 300-mg tablets #30 Sig: Take 1 tablet by mouth once daily Refills \_\_\_\_\_ Date \_\_\_\_\_  
 CAPRELSA 200-mg daily dose 100-mg tablets #60 Sig: Take 2 tablets by mouth once daily Refills \_\_\_\_\_ Prescriber's Signature \_\_\_\_\_  
 CAPRELSA 100-mg daily dose 100-mg tablets #30 Sig: Take 1 tablet by mouth once daily Refills \_\_\_\_\_ Required Prescriber Certification Number \_\_\_\_\_  
 Optional: Check here if CAPRELSA is first tyrosine kinase (TKI) therapy

**Optional Prescription:** Caprelsa interim access program for eligible patients who experience a delay in prescription coverage receive a 30-day supply to support access. 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 \_\_\_\_\_ Prescriber's Signature \_\_\_\_\_  
 CAPRELSA 100-mg daily dose 100-mg tablets #30 Sig: Take 1 tablet by mouth once daily Refills \_\_\_\_\_ Required Prescriber Certification Number \_\_\_\_\_  
 Optional: Check here if CAPRELSA is first tyrosine kinase (TKI) therapy

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.biologicsinc.com](http://www.biologicsinc.com). Please see attached full Prescribing Information, including Boxed WARNING, for CAPRELSA. CAPRELSA is a registered trademark of Genzyme Corporation.

**CERTIFICATION REQUIRED**

To prescribe CAPRELSA, please visit [www.caprelsarems.com](http://www.caprelsarems.com) for information.

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