CAPRELSA® (vandetanib) Prescription Form

Specialty Pharmacy Partner
Fax: 800.823.4506 Phone: 800.850.4306

Caprelsa® (vandetanib) Tablets

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

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

☐ 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

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Refills _____

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Date | Prescriber's Signature | 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 and www.biologicsinc.com.
Please see attached full Prescribing Information, including Boxed WARNING, for CAPRELSA.

CERTIFICATION REQUIRED
To prescribe CAPRELSA, please visit www.caprelsarems.com for information.