

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

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.caprel sarems.com](http://www.caprel sarems.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.caprel sarems.com](http://www.caprel sarems.com) for information.

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