PHARMACY ENROLLMENT FORM
A designated representative from the pharmacy must enroll and be certified by the CAPRELSA REMS Program before the pharmacy can dispense CAPRELSA® (vandetanib) Tablets. Please complete the information below and then continue with certification by clicking the NEXT button on your screen.

Pharmacy Information

Pharmacy Name: ___________________________________________

Address: __________________________________________

City: ___________________ State: ___________________ Zip: _________

Phone: ___________________ Fax: ___________________

National Provider Identifier (NPI): ____________________ State License Number: ____________________

NCPDP Number: __________________________________

1. I understand that CAPRELSA is only available through the CAPRELSA REMS Program and I and pharmacy staff must comply with the program requirements. In addition, as the designated authorized pharmacist, I acknowledge that:

   a. I understand that only prescribers enrolled in the CAPRELSA REMS Program can prescribe CAPRELSA.

   b. The pharmacy must have a system in place to verify that the prescriber is enrolled in the CAPRELSA REMS Program each time CAPRELSA is dispensed. If the prescriber is not enrolled, CAPRELSA cannot be dispensed.

   c. All pharmacy staff and critical employees involved in the dispensing of CAPRELSA will be educated on the risks and requirements of the CAPRELSA REMS Program.

   d. The pharmacy will provide Medication Guide each time CAPRELSA is dispensed.

   e. The pharmacy will ensure that it has adequate processes and procedures in place and that those processes and procedures are being followed for the CAPRELSA REMS Program.

   f. The pharmacy will maintain a system, records and documentation that can be audited to document compliance with the CAPRELSA REMS Program; including prescriber certification each time CAPRELSA is dispensed.

Authorized Pharmacist Signature: __________________________ Date___________________

Title: ____________________ First Name: ________________ Last Name: _________________

Phone Number: ________________________________ E-mail: __________________________________

If you have any enrollment questions, please call (1-800-817-2722) Please visit www.caprelsarems.com for more information

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