Appendix 5 *CAPRELSA REMS Pharmacy Enrollment Form*

Reference ID: 4098675

The CAPRELSA REMS Pharmacy Enrollment Form

A designated authorized pharmacist from the pharmacy must enroll and be certified by the CAPRELSA REMS Program before the pharmacy can dispense CAPRELSA® (vandetanib) Tablets for Oral use.

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

Designated 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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