

Sample Request Fax Form

To receive your complimentary samples of
VRAYLAR® (cariprazine)
complete this form and fax it to:

VRAYLAR® Sample Order Fulfillment
FAX #: 1.877.477.1258



Visit ALLERGANACCESS.com to view Allergan savings programs and brand support resources. No login required.

Your shipment of professional samples may only be sent to your office address.

Please Note: In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be forwarded.

Practitioner name _____ MD DO NP PA
Professional designation (Circle one)

Phone number _____ Fax number _____

Address (Samples will not be issued or delivered to a PO Box; please provide your office address.) _____

City _____ State _____ ZIP code _____

Product request:	Product description:	NDC #
<input type="checkbox"/> 3 Boxes <small>(Please check)</small>	VRAYLAR®(cariprazine) 1.5 mg capsules Three boxes of 1.5 mg capsules (each box contains [seven] 1.5 mg capsules)	NDC 61874-115-07 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> 3 Boxes	VRAYLAR® (cariprazine) 3 mg capsules Three boxes of 3 mg capsules (each box contains [seven] 3 mg capsules)	NDC 61874-130-07 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> 3 Boxes	VRAYLAR® (cariprazine) Mixed Blister Pack Three boxes (each box contains [one] 1.5 mg capsule and [six] 3 mg capsules)	NDC 61874-170-07 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.

Resource request:	Resource description:	Code
<input type="checkbox"/> 10 Orders	VRAYLAR® Patient Starter Kit	Code: VRA107519
<input type="checkbox"/> 2 Orders	VRAYLAR® Savings Cards (each package contains [five])	Code: VRA113727-a

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Allergan reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s).

Practitioner/Physician signature _____ Date _____

State license number _____ Expiration date _____

Please see full Prescribing Information, including Boxed Warning, available at www.vraylarhcp.com.



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