Pharmacy Registration

Please provide your pharmacy’s NCPDP number and click the Lookup Info button. This will be used as your Username to identify you in the program and for you to login to the iPLEDGE system using the phone or internet site.

NCPDP Number: 

Enter or confirm your information

* denotes required field

Responsible Site Pharmacist First Name: 
Responsible Site Pharmacist Last Name:

Responsible Site Pharmacist License:

Phone: 
Fax:

Email:

Preferred Method of Communication:

Provider Information

Provider:

Provider ID:

This pharmacy orders isotretinoin directly from one or more of the manufacturers of isotretinoin.

Click the Save and Print button below. This will present a print friendly registration form for your signature. After printing and signing, return the form to the address or fax number found on the form.

Save and Print
Pharmacy Registration

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NCPDP Number [ ] [Lookup Info]

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Responsible Site Pharmacist First Name * Responsible Site Pharmacist Last Name*

Responsible Site Pharmacist License *

Phone* Fax

Email

Preferred Method of Communication *

Provider Information

Provider

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Save and Print
Pharmacy Registration

Send To
iPLEDGE - Committed to Pregnancy Prevention
PO BOX 28094
PHOENIX, AZ 85014-9978

Or Fax to
1-888-495-0880

Your information
NCPDP Number 6110025
RSP iPLEDGE P 12312123
Phone 555-555-1212 Fax
Email iPLEDGE@test.unc
Preferred communication method Email

Your providers

☐ This pharmacy orders isotretinoin directly from one or more of the manufacturers of isotretinoin

_________________________________________  __________________________
RSP Signature                                      Date

Return to Home Page

Reference ID: 3814959