



Exemption Option 1 - Tanner Stage 1 or 2

By selecting this option I attest that all of the following apply to this patient:

- Classified as Tanner Stage 1 (pre-pubertal female) or Stage 2 (female who has not yet experienced menarche or breast development)
- Not considered to be of reproductive potential
- Not currently pregnant
- I will evaluate this patient's reproductive status while receiving isotretinoin and I will notify the iPLEDGE Program within 10 business days of any change in the patient's reproductive status

Exemption Option 2 - Expedite Start of Treatment

By selecting this option I attest that all of the following apply to this patient:

- Medical condition necessitates that she be exempt from the initial wait period
- Not currently pregnant
- Required to take monthly pregnancy tests
- Required to successfully complete monthly comprehension testing
- I understand that the patient will have 7 days to obtain her prescription from the date of the monthly pregnancy test specimen collection

Exemption Option 3 – Cognitively and/or Physically Impaired

By selecting this option I attest that all of the following apply to this patient:

- Medical condition necessitates that she be exempt from the initial wait period and the monthly comprehension testing
- Not currently pregnant
- Required to take monthly pregnancy tests
- I understand that the patient will have 7 days to obtain her prescription from the date of the monthly pregnancy test specimen collection

Please make certain that you maintain medical documentation supporting the reason(s) for this exemption. The iPLEDGE program may require a copy.

- **The medical exemption process is governed by the iPLEDGE Non-Compliance Action Policy. Intentional misuse of the medical exemption process may result in Permanent Deactivation from the iPLEDGE program resulting in a permanent loss of isotretinoin prescribing privilege.**
- I attest that I am both qualified and have performed the necessary medical evaluation(s) to determine that the medical exemption is appropriate for this patient based on the iPLEDGE requirements.

*Signature _____

*Date of Request _____

PLEASE FAX COMPLETED COPY TO 866-486-7001