STEPS TO REQUEST AN EXEMPTION FOR FEMALE PATIENTS WITH SERIOUS MEDICAL REASONS

Follow these steps to request an exemption from the iPLEDGE Program requirements for a female patient with serious medical reasons.

NOTE: The intent of this form is to request an exemption from the iPLEDGE Program requirements for a non-pregnant patient with serious medical reason(s) who is unable to obtain an isotretinoin prescription by completing the requirements in the iPLEDGE Program at this time. It is not intended to replace the requirements of the iPLEDGE Program.

1. Complete a new Request for Exemption for Patients with Serious Medical Reasons form. Print the completed form, sign and date.

2. Fax the form (all pages) to 866-486-7001.

Call 877-475-3345 if you need any assistance with the exemption request. If an agent is not immediately available, please leave contact information and the call will be returned. Please note that this phone number must only be used for requesting exemptions for patients with serious medical reasons. No other iPLEDGE questions or issues will be handled through this number.

NOTE: This form MUST be filled out and signed by the requesting prescriber. All required information (*) must be provided. Please FAX this completed form to 866-486-7001.

*Prescriber ID
"[click here and enter the prescriber's iPLEDGE ID]"

*Prescriber Name
"[click here and enter the prescriber's name]"

*Patient ID
"[click here and enter the patient's iPLEDGE ID]"

*Patient Date of Birth
"[click here and enter the patient's date of birth]"

*Office Telephone Number
"[click here and enter your telephone number]"

*Office Fax Number
"[click here and enter your fax number]"

Forms received after 8PM Eastern Time will be processed on the next business day. Forms received after 8PM Eastern Time on a Friday will be processed the following Monday (or Tuesday, if Monday is a federal holiday).
REQUEST FOR EXEMPTION
FOR PATIENTS WITH
SERIOUS MEDICAL REASONS

☐ 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 Program requirements.

*Signature ____________________________________________

*Date of Request __________________

PLEASE FAX COMPLETED COPY TO 866-486-7001