

# Prescriber Registration – For Prescribers (Button) from Public Home Page

Welcome  
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**ONLY WAY** 

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- PATIENT INFORMATION**
- ABOUT ISOTRETINOIN**
- ABOUT IPLEDGE**
- PRESCRIBER INFORMATION**
- FIND A PARTICIPATING PHARMACY**
- FAQS**

## Prescriber Registration

Attention: This registration page is for licensed prescribers only. If you are a patient, you must be registered in the iPLEDGE Program by your doctor.

### Create Prescriber Username

Please provide your DEA number. This will be used as your Username to identify you in the program and for you to login to the iPLEDGE Program system using the phone or internet site. The DEA number provided must be your DEA number, not an institutional or shared DEA number. Please provide only one DEA number if you have more than one.

If you do not have a DEA number, check the box indicating that you would like the program to generate a Username to be used to identify you in the program. This program generated Username will be shipped to you in your prescriber educational kit.

DEA Number  or  Generate Username

### Prescriber Contact Information

Enter or confirm your information. All fields below are required unless otherwise indicated.

First Name

MI (Optional)  Suffix (Optional)  MD

Last Name

Specialty (Optional)  Derm

Practice Name (Optional)

Address

City

State  Zip

Preferred Method of Communication  Email

Phone Number  Ext (Optional)

Email (Optional)

Fax (Optional)

### Prescriber Identifiers

This notification is to inform you that with the launch of the REMS Pharmacy Network, the iPLEDGE Program will require prescribers to provide a National Provider Identifier (NPI). If your NPI is not on file with the iPLEDGE Program, you will be prompted to enter your NPI upon first log-in to the enhanced iPLEDGE Program. Additionally, if you are registered with the Drug Enforcement Administration (DEA), the system will require entry of your DEA number. Failure to supply these identifiers may result in your patients' prescriptions not being authorized for dispensing.

DEA

NPI

I do not have a DEA

### Select Delegates (Optional)

DEA Number or Username   Delegate List

Expiration Date (mm/dd/yyyy)

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.

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DEA

NPI

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### Select Delegates (Optional)

DEA Number or Username

Add

Delegate List

Expiration Date (mm/dd/yyyy)

Remove

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



**iPLEDGE®**

Committed to Pregnancy Prevention

Have Questions? Call our toll-free number **1-866-495-0654**

## Prescriber Registration

**Mail To**

iPLEDGE - Committed to Pregnancy Prevention  
PO BOX 2904  
Phoenix AZ 85038-9978

**Or Fax to**

1-866-495-0660

**Username**

AB1234567

**Your Information:**

Jane Smith MD Derm  
Scottsdale Clinic  
123 Test Drive  
Blue Bell, PA 18754  
Phone Number 555-555-1212  
Email test@aol.com  
Preferred Method of Communication Email

**Your delegates:**

None Selected

**Identifiers:**

DEA - AB123456  
NPI - 1234567890

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Prescriber Signature

Date

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