Don't have an online account?

Enroll

To create your online account for the iPLEDGE REMS, please indicate below.

* I am a  
  ○ Prescriber  ○ Pharmacy

Responsible Site Pharmacist Information

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

* NCPDP Number

123456

1. Review iPLEDGE REMS Pharmacist Guide
2. Complete this Pharmacy Enrollment Form
3. Submit the completed form by clicking "Submit" below

* Responsible Site Pharmacist First Name

* Responsible Site Pharmacist License

* Responsible Site Pharmacist Last Name

* Phone Number

* Fax Number

If you have questions about the iPLEDGE REMS or need help enrolling, call 1-866-495-0654
Monday – Friday, 8:00 AM – 8:00 PM ET
Pharmacy Attestation

Activation requires attesting to the following statements in the iPLEDGE REMS website:

- I know the risk and severity of fetal injury/birth defects from isotretinoin.
- I will train all pharmacists who participate in the filling and dispensing of isotretinoin prescriptions on the iPLEDGE REMS requirements.
- I will comply and seek to ensure all pharmacists who participate in the filling and dispensing of isotretinoin prescriptions comply with the iPLEDGE REMS requirements described in the booklet entitled iPLEDGE REMS Pharmacist Guide, specifically the “Key Information for Pharmacists” section including the following dispensing information:
  
  Prescriptions must be obtained no later than the “Do Not Dispense To Patient After” date, and if not obtained, then the Risk Management Authorization (RMA) must be reversed in the iPLEDGE REMS system and the product returned to inventory.

- I understand and will comply with the Non-Compliance Action Policy
- I will obtain isotretinoin product only from iPLEDGE registered wholesalers.
- I will not sell, buy, borrow, loan or otherwise transfer isotretinoin in any manner to or from another pharmacy.
- I will return to the manufacturer (or delegate) any unused product if the pharmacy is deactivated by the iPLEDGE REMS or if the pharmacy chooses to not reactivate annually.
- I will not fill isotretinoin for any party other than a qualified patient.
- I will comply with audits by the iPLEDGE Sponsors or a third party acting on behalf of the iPLEDGE Sponsors to ensure that all processes and procedures are in place and are being followed for the iPLEDGE REMS.

〇 I attest to the statements above.
〇 I do not attest to the statements above.

CANCEL  CONTINUE