## ACCUTANE CHECKLIST- Patients who <u>CAN</u> become pregnant

| <b>Before Treatment:</b>  |                  |
|---|------------------|
| ☐ Start/ Continue using a Primary and Secondary birth control method  |                  |
| ☐ Sign IPLEDGE enrollment forms in office   |                  |
| Complete your initial urine pregnancy test  |                  |
| <ul> <li>Obtain baseline labs, these need to be completed at least 5 days prior to</li> <li>You will receive a notification either via email or text from IPLEDGE and need to create a password for your account</li> <li>Write your REMS ID Number in a safe spot you can easily access</li> </ul> | d then you will  |
| Schedule your follow up visit for no less than 30 days out  | ,                |
| First Prescription Visit:   |                  |
| ☐ Have your second negative urine pregnancy test & continue using your 2 methods  | 2 birth control  |
| <ul> <li>Once we confirm you in IPLEDGE you must then complete your require<br/>questions</li> </ul>  | -                |
| <ul> <li>You will NOT be able to obtain your prescription without comple<br/>questions</li> </ul>   |                  |
| From the day of your visit you will have 7 days to pick up your prescripti<br>pharmacy  |                  |
| ☐ IF you miss your window you will have to return in a min. of 19 durine pregnancy test   | lays for another |
| ☐ Schedule your follow up visit for 1 month   |                  |
| <u>During Treatment:</u>  |                  |
| ☐ See your provider once a month to consult on your treatment course & p pregnancy test   | orovide a urine  |
| <ul> <li>Log onto your IPLEDGE and answer your comprehension questions and<br/>birth control forms you are using</li> </ul>   | l confirm your 2 |
| Obtain your prescription from your pharmacy within your 7 day window  |                  |
| ☐ If your pharmacy is out of the medication please call our office in can send to a different pharmacy so that you are able to get your within your window  |                  |
| ☐ Your provider may require you to get labs done at any time during the tr☐ Labs must be completed at least 5 days prior to follow up visits  | eatment course   |
| ☐ Schedule your follow up visit for 1 month   |                  |
| ☐ It is easiest to schedule a few appointments at a time spaced 1 me ☐ IF you miss your appointment we cannot prescribe the medication you in office first  | -                |
| Post Therapy:   |                  |
| <ul> <li>□ Return to office to have your post therapy urine pregnancy test</li> <li>□ Continue using your 2 birth control forms for at least 1 month</li> <li>□ Do not donate blood for at least one month</li> </ul>   |                  |

## ACCUTANE CHECKLIST- Patients who <u>CAN NOT</u> become pregnant

## **Before Treatment:**

| ☐ Talk with your provider about accutane and if it is the right choice for you  |
|---|
| ☐ Sign IPLEDGE enrollment forms in office   |
| ☐ You will receive a notification either via email or text from IPLEDGE and then you will                             |
| need to create a password for your account  |
| ☐ Write your REMS ID Number in a safe spot you can easily access  |
| ☐ We will provide you with a lab slip that you <u>must</u> complete before you are able to obtain                     |
| your first prescription   |
| ☐ Schedule a 1 month follow up visit  |
| During Treatment:   |
| ☐ You will see your provider once a month to discuss your treatment course  |
| Report any side effects you may be experiencing to your provider  |
| ☐ Your provider may require you to get labs done at any time during the treatment course                              |
| Labs must be completed at least 5 days prior to follow up visits  |
| ☐ Do not share any of your medication during the entire treatment course  |
| ☐ At the end of each visit your provider will electronically send in your prescription to your                        |
| preferred pharmacy  |
| ☐ If your pharmacy is out of the medication please call our office immediately so we can send to a different pharmacy |
| ☐ Schedule your follow up visit for 1 month   |
| ☐ It is easiest to schedule a few appointments at a time spaced 1 month apart   |
| ☐ IF you miss your appointment we cannot prescribe the medication without seeing you in office first                  |
| Post Therapy:   |
| ☐ Take every dose until you have fully completed the treatment course   |
| Do not share any of your medication   |
| ☐ Do not donate blood at least 1 month post therapy   |
| 20 not donate blood at least I month post therapy   |