Physician materials

Physician Checklist/Acknowledgement Form for Prescribing to Female Patients

The potential for pregnancy must be assessed for all female patients prescribed retinoids (acitretin, alitretinoin and isotretinoin)

Is the patient a woman of childbearing potential? Yes/No

A woman has a potential for pregnancy if one of the following applies:

Is a sexually mature woman who:

- 1) Has not had a hysterectomy or bilateral oophorectomy
- 2) Is not in a natural postmenopausal for a minimum of 24 consecutive months (i.e., menstruated at a certain point in the last 24 consecutive months).

This checklist is to be completed by the Physician for all female patients prescribed retinoids and kept with patient notes to document compliance with the retinoids Pregnancy Prevention Programme. After completion a copy of this document should be given to the patient.

The Pharmaceutical products belong to the retinoid class of drugs that cause severe birth defects. Foetal exposure to retinoids, even for short periods, presents a high risk of congenital malformations. Retinoids is therefore strictly contraindicated in women of childbearing potential, unless all conditions in the retinoids Pregnancy Prevention Programme are fulfilled.

As the prescribing doctor, you must make sure that the risk of serious harm from drug exposed pregnancy is fully understood by all female patients before treating them with retinoids.

Before initiating retinoids therapy in a female patient, the following checklist must be completed and stored in the patient's notes. This checklist should also be used in all follow-up visits with women of childbearing potential.

Please use the patient reminder card to support your discussion with the patient.

Women with childbearing potential

Review the below statements, explain them to the patient and record confirmation of this and acknowledgment from the patient in this form. If the answer to any of these questions is **NO**, retinoids must not be prescribed.

| | Doctor confirm: | Patient confirm: |
|--|--------------------|---------------------------------------|
| | I have explained | I have |
| | this to my patient | understood this |
| | [YES/NO] | [YES/NO] |
| Is the patient suffering from a | | |
| severe form of acne, severe form | | |
| of psoriasis or severe disorder of | | |
| keratinisation which is resistant | | |
| to standard therapies? | | |
| The patient understands that the | | |
| pharmaceutical product belongs | | |
| to a class of drugs (retinoids) known to cause severe birth | | |
| defects and that they must not | | |
| get pregnant whilst taking it. | | |
| Retinoids also increases the risk | | |
| of miscarriage when taken | | |
| during pregnancy. | | |
| Contraception | ı | 1 |
| The patient understands that she | | |
| must consistently and correctly | | |
| use at least 1 highly effective | | |
| method of contraception (i.e. a | | |
| user-independent form such as | | |
| an intra-uterine device or | | |
| implant) or 2 complementary | | |
| methods of birth control (i.e. | | |
| user-dependent forms such as | | |
| oral contraceptive and barrier | | |
| method) before and during | | |
| treatment. | | |
| The patient understands that the | | |
| risk persists even after the medication is stopped and that | | |
| she must not get pregnant within | | |
| 1 month after stopping | | |
| treatment. [3 years for acitretin] | | |
| The patient has received advice | | |
| on contraception which is | | |
| appropriate for her and has | | |
| committed to using it throughout | | |
| the risk period. | | |
| The patient is aware of the risk | | |
| of contraceptive failure. | | |
| Pregnancy Testing & Monthly P | rescriptions | T |
| The first prescription for retinoids | | |
| can only be given after the | | |
| patient has had one negative | | |
| medically supervised pregnancy | | |
| test. This is to make sure she is | | |
| not already pregnant before starting treatment. | | |
| Patient understands that in order | | |
| to support regular follow up, | | |
| including pregnancy testing and | | |
| monitoring, ideally the | | |
| prescription should be limited to | | |
| 7-days. | | |
| Patient understands the need for | | |
| and agrees to pregnancy testing | | |
| before, during and after | | |
| treatment. | | |
| | | · · · · · · · · · · · · · · · · · · · |

| Patient understands the need to | | |
|-----------------------------------|----------|--|
| do a pregnancy test 1 month | | |
| after stopping treatment because | | |
| the drug stays in the body for 1 | | |
| month after the last dose and | | |
| can damage an unborn baby if | | |
| , | | |
| pregnancy occurs. | | |
| Considerable for a situation | | |
| Specifically for acitretin: | | |
| Patient understands the need for | | |
| periodic pregnancy tests with 1-3 | | |
| monthly intervals throughout | | |
| treatment and also for a period | | |
| of 3 years after stopping | | |
| treatment. This is because the | | |
| drug can stay in the body for 3 | | |
| years after the last dose and can | | |
| damage an unborn baby if | | |
| pregnancy occurs. | | |
| The contraceptive methods and | | |
| pregnancy test results were | | |
| recorded in the patient's | | |
| appointment table (included in | | |
| patient reminder card). | | |
| The patient has received a copy | | |
| of the educational package. | | |
| The patient knows to contact | | |
| their doctor if they have | | |
| unprotected sex, miss their | | |
| period, become pregnant, or | | |
| suspect that they have become | | |
| pregnant during the risk period. | | |
| If pregnancy occurs, treatment | | |
| must be stopped and the patient | | |
| should be referred to an expert | | |
| physician specialised or | | |
| experienced in teratology for | | |
| advice. | | |
| Other Precautions | <u> </u> | |
| Patient understands that | | |
| retinoids has been prescribed to | | |
| her only and must not be shared | | |
| with others. | | |
| Patient understands that she | | |
| | | |
| must not donate blood during | | |
| treatment with retinoids and for | | |
| one month [for acitretin 3 years] | | |
| after discontinuation due to the | | |
| potential risk to the foetus of a | | |
| pregnant transfusion recipient. | | |
| Signature | | |
| Date | | |

Pregnancies occurring during treatment and within 1 month [3 years for acitretin] following discontinuation of treatment should be reported to the MAH, who will follow up with you to record the pregnancy outcome.

Signature of parent or legal guardian is necessary if the patient is under the age of 18.

Call for reporting

Healthcare professionals are reminded to continue to report suspected adverse reactions associated with retinoid containing medicines in accordance with the national spontaneous reporting system. Any suspected adverse reactions and medication errors can be reported via the national Adverse Drug forms be downloaded from Reactions (ADRs) reporting system. Report can www.medicinesauthority.gov.mt/adrportal and posted to Post-licensing directorate, Medicines Authority, Sir Temi Zammit Buildings, Malta Life Sciences Park, San Gwann SGN 3000, Malta or sent by email to postlicensing.medicinesauthority@gov.mt

Company contact point

Alternatively, suspected adverse reaction may also be reported to the marketing authorisation holders using the details provided below.

| Company/MAH | Product name | Email | Phone |
|-------------------------------|--|-------------------------|----------------|
| Actavis Group PTC ehf | Decutan 10mg soft capsules Decutan 20mg soft capsules Neotigason 10 mg Capsule Neotigason 20 mg | PHVMALTA@actavis.com | +30 2118805156 |
| | Capsule | | |
| Genus Pharmaceuticals Ltd. | Acitretin 25mg Capsules | dso@britannia-pharm.com | +44 1189209500 |
| Neofarma Pharmaceuticals | Isotretinoin Capsule 10mg Isotretinoin Capsule 20mg | info@neofarma.com.mt | +356 20109494 |