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**iPLEDGE**<sup>®</sup>  
Committed to Pregnancy Prevention

## The iPLEDGE Program



# Guide to Isotretinoin For Female Patients Who Can Get Pregnant

The Importance of Avoiding Pregnancy on Isotretinoin

The tools you need to help you prepare, plan treatments, and prevent pregnancies during the course of isotretinoin treatment

- Patient ID Cards and Informed Consent forms located inside back cover pocket

### **WARNING**

For your health and safety, please read this booklet carefully. Also, be sure you understand what your doctor has told you about isotretinoin before starting treatment.

Do not take isotretinoin if you are pregnant, plan to become pregnant, or become pregnant during isotretinoin treatment. Isotretinoin causes severe birth defects (deformed babies), loss of a baby before birth (miscarriage), death of a baby and early (premature) births. There is no accurate means of determining whether an exposed fetus has been affected.

### **IMPORTANT NOTICE**

Use only isotretinoin products approved by the US Food and Drug Administration.

Obtain your isotretinoin prescriptions *only* from pharmacies that are licensed in the United States and are registered with and activated in the iPLEDGE Program.



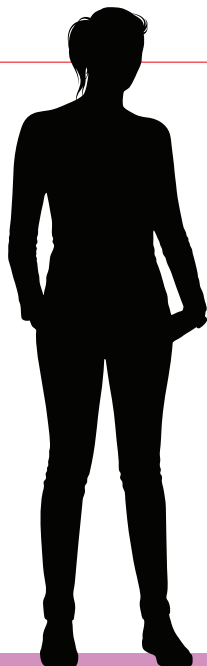




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\*Located inside back cover pocket.



## What Is Isotretinoin?

Isotretinoin (eye-soh-tret-in-OH-in) is a prescription medication that treats a type of severe acne called nodular acne that other treatments, including antibiotics, have not helped. It comes in a capsule you take by mouth. Treatment usually lasts 4 to 5 months. Isotretinoin can cause serious side effects, including birth defects. There is a very high chance of birth defects if an unborn baby's mother takes isotretinoin. You should also learn about the side effects and the precautions and warnings (see the enclosed sheet entitled *Safety Information About Isotretinoin*).

## What Is The iPLEDGE® Program?

To avoid serious risks to unborn babies, the Food and Drug Administration (FDA) has required a special program called a Risk Evaluation and Mitigation Strategy (REMS) for isotretinoin. The iPLEDGE Program is a single, shared (includes multiple manufacturers) system with requirements for prescribers, pharmacies, and patients. The iPLEDGE Program also includes a pregnancy registry for patients who get pregnant.

The goal of the iPLEDGE Program is to

- prevent pregnancies in females taking isotretinoin and to
- prevent pregnant females from taking isotretinoin

Only registered and activated prescribers can prescribe isotretinoin and only registered and activated pharmacies can dispense isotretinoin. In order to receive isotretinoin, all patients must be enrolled in the iPLEDGE Program and agree to follow the requirements.





## What Do All Patients Need To Know?

### Prevent Pregnancy and Birth Defects

There is a very high chance that babies born to female patients taking isotretinoin will be deformed, born too early, or die before they are born. This can happen even if a female patient takes isotretinoin for only a short time. It may also happen if a pregnant female receives a blood transfusion from someone taking isotretinoin.

### Do male patients taking isotretinoin need to worry about birth defects?

Unlike in female patients, there is no pattern of birth defects in babies whose fathers were taking isotretinoin.

If you are worried about isotretinoin birth defects from sperm, you can use a male latex condom to help prevent pregnancy. Use a condom each and every time you have intercourse (sex) while you are taking isotretinoin and for 1 month after you stop taking it.

### Can isotretinoin affect a male patient's ability to father healthy children?

Studies on isotretinoin did not show effects on sperm count, how sperm look, or how well they swim and move.

### Do Not Donate Blood

Isotretinoin is carried in your blood. There may be enough isotretinoin in your bloodstream to cause birth defects if a pregnant female gets blood from you. You should not donate blood at any time while you are taking isotretinoin or for 1 month after your last dose.

### Do Not Share Isotretinoin With Anyone

You should never share medications prescribed to you with anyone else. This is very important for isotretinoin because of the very high chance of birth defects.

### Obtain Your Prescription

Obtain your isotretinoin prescriptions only at pharmacies that are licensed in the United States and are registered with and activated in the iPLEDGE Program.

The web site, [www.ipledgeprogram.com](http://www.ipledgeprogram.com), has a list of registered pharmacies. Once on the web site choose "Find a Participating Pharmacy" in the left navigation. A complete list of FDA-approved isotretinoin products that may be prescribed and dispensed may be found by calling 1-866-495-0654 or via [www.ipledgeprogram.com](http://www.ipledgeprogram.com).

## What Do Female Patients Who Can Get Pregnant Need To Know?

**DO NOT take isotretinoin if you are pregnant.**

**DO NOT get pregnant before starting isotretinoin, while taking it, and for 1 month after your last dose.**

Before you can begin isotretinoin treatment, there is a 30-day wait period where you must be on 2 methods of birth control. Additionally, you need to have 2 negative pregnancy tests. They can be urine or blood tests. You will need to plan with your doctor/prescriber when and where to take your pregnancy tests.

- You take the first test when you decide to take isotretinoin.
- You take the second test during the first 5 days of the menstrual period right before you start isotretinoin. This pregnancy test must be done by an approved lab. The interval between the 2 tests must be at least 19 days.

You must take a pregnancy test every month done by an approved lab during treatment. You also take a pregnancy test after your last dose, and 1 month after your last dose. You will need to plan with your doctor/prescriber when to take your pregnancy test each month.

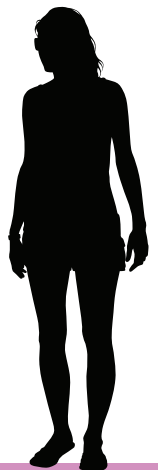
**Have 2 negative pregnancy tests before you start isotretinoin.**

**Have a negative pregnancy test before you obtain each monthly prescription.**

To keep from getting pregnant, you need to use 2 effective methods of birth control together correctly all the time:

- For at least 1 month before you start isotretinoin
- During treatment which usually lasts 4 to 5 months
- For 1 month after your last dose—to continue protection against pregnancy










Any method of birth control can fail. Using 2 methods of birth control together all the time drastically reduces the chance that you will get pregnant.



Please see accompanying complete product information, including CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS.



**Choose 1 Primary + 1 Secondary Birth Control Method**

Primary Method of Birth Control (Choose One)*	How to Use it	<b>MORE EFFECTIVE</b>	How Well it Works	Benefits†	Risks‡
<b>Hormonal Implant</b> 	Placed under skin of arm by a clinician. Works for 3 years. <sup>1</sup>		>99% <sup>1</sup>	<ul style="list-style-type: none"> <li>Nothing to do or remember</li> <li>Light or no periods</li> <li>May decrease acne</li> <li>No increased risk of clots</li> </ul>	• Irregular Periods
<b>Hormonal IUD</b> 	Placed in uterus by clinician. Self-check monthly. Works for 5 years. <sup>1</sup>		>99% <sup>1</sup>	<ul style="list-style-type: none"> <li>Light or no periods</li> <li>No increased risk of clots</li> </ul>	• Irregular Periods
<b>Non-Hormonal IUD</b> 	Placed in uterus by a clinician. Self-check monthly. Works for 10 years. <sup>3</sup>		>99% <sup>1</sup>	<ul style="list-style-type: none"> <li>No hormones</li> <li>Periods remain regular</li> <li>Effective immediately</li> <li>No increased risk of clots</li> </ul>	• May cause heavier periods and cramping
<b>Tubal Sterilization</b> 	Surgical procedure to close the tubes between the uterus and the ovaries.		>99% <sup>2</sup>	<ul style="list-style-type: none"> <li>It is a virtually permanent method of birth control</li> <li>Nothing to do or remember</li> </ul>	• If you want to have child later, it is very difficult to re-open the tubes
<b>Male Vasectomy</b> 	Surgical procedure that closes off the tubes that carry a partner's sperm.		>99% <sup>2</sup>	<ul style="list-style-type: none"> <li>It is a virtually permanent method of birth control</li> <li>Nothing to do or remember</li> </ul>	• If you want to have child later, it is very difficult to re-open the tubes
<b>Hormonal Shot</b> 	Given every 3 months by a clinician.		>97% <sup>1</sup>	<ul style="list-style-type: none"> <li>Light or no periods</li> <li>No increased risk of clots</li> </ul>	<ul style="list-style-type: none"> <li>Irregular Periods</li> <li>May cause weight gain</li> </ul>
<b>Vaginal Ring</b> 	You place in vagina. Replace monthly.		92% <sup>1</sup>	<ul style="list-style-type: none"> <li>Lighter periods</li> <li>May decrease acne</li> </ul>	• Blood clots
<b>Hormonal Patch</b> 	You place on skin. Replace weekly.		92% <sup>1</sup>	<ul style="list-style-type: none"> <li>Lighter periods</li> <li>May decrease acne</li> </ul>	• Blood clots
<b>Birth Control Pill (Combination Type)</b> 	Swallow at the same time daily.		92% <sup>1</sup>	<ul style="list-style-type: none"> <li>Lighter periods</li> <li>May decrease acne</li> </ul>	• Blood clots

Secondary Method of Birth Control (Choose One)	How to Use it	Benefits	Risks
<b>Condoms</b> (with or without spermicide)	Partner must be willing to use each and every time you have sex.	<ul style="list-style-type: none"> <li>Protects from STIs (Sexually Transmitted Infections) and HIV/AIDS</li> </ul>	• Allergic Reactions
<b>Cervical Cap, Diaphragm</b> (must be used with spermicide). <b>Vaginal Sponge</b>	Place in vagina before you have sex.	<ul style="list-style-type: none"> <li>You are in control of its use</li> </ul>	• Allergic Reactions

\*Consult your doctor if you are considering choosing 2 primary methods of birth control rather than a primary and secondary method.

†Benefits and Risks are not inclusive. Please review Full Prescribing Information for the products listed.

‡All pictograms from FDA website [www.fda.gov/downloads/forconsumers/byaudience/forwomen/freepublications/ucm356451.pdf](http://www.fda.gov/downloads/forconsumers/byaudience/forwomen/freepublications/ucm356451.pdf). Accessed January 20, 2016.

References 1. Werner CA, Papp MJ, Ferris LK, Schwartz EB. Promoting safe use of isotretinoin by increasing contraceptive knowledge. *JAMA Dermatol.* 2015;151(4):389-393. 2. Trussell, J. Contraception failure in the United States. *Contraception.* 2011;83:397-404. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/>. Accessed September 9, 2014. 3. ParaGard® Prescribing Information, Teva Women's Health, Inc., June 2013.

## Reasons you would not have to use 2 methods of birth control

There are 2 reasons you would not have to use 2 effective methods of birth control.

- You commit to abstinence which means not having sex or sexual contact with any male 24 hours a day, 7 days a week for 1 month before, during, and for 1 month after your isotretinoin treatment.
- You are unable to get pregnant because:
  - You have entered menopause, and your doctor/prescriber has confirmed this
  - You do not have either of your 2 ovaries and/or a uterus, and your doctor/prescriber has confirmed this

If you have any questions about being able to get pregnant, talk with your doctor/prescriber.

You can only obtain your prescription for isotretinoin if:

- Your pregnancy test was negative
- Your doctor/prescriber entered your 2 methods of birth control in the iPLEDGE® Program system
- You answered your comprehension questions in the iPLEDGE Program system correctly. These questions will demonstrate your understanding of the iPLEDGE Program requirements, the birth control that you have chosen, and the risks associated with isotretinoin. **Note: you can answer your comprehension questions only after your doctor/prescriber has entered your pregnancy test result and confirmed your monthly office visit in the iPLEDGE Program system.** You will need your patient ID number to answer your comprehension questions on the iPLEDGE Program web site or by calling **1-866-495-0654**
- You also entered your 2 methods of birth control and they match the birth control options entered by your doctor/prescriber

Please read the iPLEDGE Program Birth Control Information Sheet and for additional information on birth control options read the enclosed *Birth Control Workbook*.



Web site: [www.ipledgeprogram.com](http://www.ipledgeprogram.com)  
Phone system: **1-866-495-0654**



## The iPLEDGE Program Pregnancy Registry

Because isotretinoin causes such severe birth defects, it is very important for us to know about all the pregnancies that happen during treatment and within 1 month after the last dose. If you think you are pregnant call your doctor/prescriber. The confidential iPLEDGE Program Pregnancy Registry is a way to collect that information. It may help us prevent more pregnancies in the future.

Your doctor/prescriber will tell you about the confidential iPLEDGE Program Pregnancy Registry. You are encouraged to contact the iPLEDGE Program Pregnancy Registry at 1-800-681-7247 if you get pregnant.

## Obtaining Your Prescription

You **obtain** the prescription within the 7-day prescription window (1 week) of the date of your pregnancy test, counting the date of the pregnancy test as DAY 1.

**The iPLEDGE Program system will automatically compute the “Do Not Dispense To Patient After” date for your pharmacist.**

**To figure out the last date you can obtain your prescription, add 6 to the date of your pregnancy test. For example:**

**Day 1**  
**Day of the pregnancy test**  
(Friday, March 1)

**Day 2 – Day 6**  
(Saturday, March 2 thru  
Wednesday, March 6)

**Day 7 – Last day to  
obtain prescription**  
(Thursday, March 7)

The 7-day prescription window expires at 11:59 p.m. Eastern Time on Day 7 of the prescription window. Your pharmacist will not be able to fill your prescription after this time. If your 7-day prescription window expires before you obtain your prescription, you can start a new 7-day prescription window right away (unless it is your first prescription window), but you must repeat the program requirements to get another prescription. Additional information regarding the specific dates of your 7-day prescription window, and other information about your current status can be found by selecting “My Program Status” on the web site from the Patient home page (after you log in).

**Note: Isotretinoin comes in blister packs of 10 capsules. The pharmacist cannot break a blister pack.**

## Talk With an Expert

If you want to talk to a birth control expert, such as a gynecologist or family doctor/prescriber, about your birth control, the doctor/prescriber who prescribes isotretinoin for you can refer you. The makers of isotretinoin will pay for this referred visit. Take the *Contraception Counseling Guide And Contraception Referral Form* with you.



## Changing Your Birth Control

Tell the doctor/prescriber who prescribes your isotretinoin if you need to change your birth control during your isotretinoin treatment. Depending on the type of birth control you change to, you may have to **stop** isotretinoin and wait until you have been on the new birth control for at least 1 month and have a negative pregnancy test.

## Changing From Abstinence

If you have chosen abstinence (not having sex or sexual contact with any male) and you decide to start having sexual activity, you must tell the doctor/prescriber who prescribes your isotretinoin before you engage in sexual activity. Before you continue isotretinoin, you and your doctor/prescriber must make a plan to start your birth control and be sure you are not pregnant.

**One of the most common reasons that women get pregnant is that they do not avoid sexual activity when they plan to be abstinent.**

## Video: *Be Prepared, Be Protected, and Be Aware: The Risk Of Pregnancy While On Isotretinoin*

Your doctor/prescriber has a video that shows the kinds of birth defects that may happen if a woman takes any amount of isotretinoin while she is pregnant. It also reviews the steps for preventing pregnancy.

## Changing to a New Doctor/Prescriber

You can change your doctor/prescriber through the iPLEDGE Program web site, [www.ipledgeprogram.com](http://www.ipledgeprogram.com), by choosing “**Change Primary Prescriber**” from the menu or by calling **1-866-495-0654**. Once you make the change, you will not be able to get any more prescriptions from your original doctor/prescriber.

## Isotretinoin Products

To get information about specific brands of isotretinoin, the contact information for individual makers can be obtained by calling **1-866-495-0654** or via [www.ipledgeprogram.com](http://www.ipledgeprogram.com).

Web site: [www.ipledgeprogram.com](http://www.ipledgeprogram.com)  
Phone system: **1-866-495-0654**



# iPLEDGE® Program Checklist

## BEFORE TREATMENT

### PLANNING

- Talk** with your doctor/prescriber about isotretinoin and the iPLEDGE Program
- Sign** the Patient Information/Informed Consent (for all patients) form
- Sign** the Patient Information/Informed Consent About Birth Defects (for female patients who can get pregnant) form
- Have** your first urine or blood pregnancy test, which can be performed at the doctor's/prescriber's office
- Registration**—ensure your doctor/prescriber registers you in the iPLEDGE Program. You must be registered for at least 30 days prior to your first prescription.
- Get** your patient ID card containing your patient ID number from your doctor/prescriber. Keep your patient ID number in a safe place.
- Receive** your password in the mail

### BIRTH CONTROL

- Read** the iPLEDGE Program Birth Control Information Sheet and for additional information on birth control options read the *Birth Control Workbook*
- Talk** with your dermatologist, gynecologist, family doctor, or a birth control expert about effective birth control options
- Choose 2** effective methods of birth control
- Start** using the 2 methods of birth control together for at least 1 month before you start isotretinoin

### YOUR FIRST PRESCRIPTION

- Have** a second pregnancy test conducted at an approved lab within the first 5 days of your menstrual period (at least 30 days after registration)
- Answer** questions about the iPLEDGE Program and confirm your 2 methods of birth control
  - **Note: you can answer your comprehension questions only after your doctor/prescriber has entered your pregnancy test result in the iPLEDGE Program system**
- Obtain** your prescription for up to a maximum of a 30-day supply
  - **Note: isotretinoin comes in blister packs of 10 capsules. The pharmacist cannot break a blister pack and provide fewer than 10 capsules.**
- Obtain** your prescription within the 7-day prescription window, counting the date of the pregnancy test as DAY 1
  - If you are not able to obtain your first prescription within the 7-day prescription window, you will be required to wait a minimum of 19 days before you can start this process again
- Use 2** effective methods of birth control together all the time
- Keep** your appointments every month to get a prescription
- See** your doctor/prescriber for a monthly pregnancy test
- Answer** different questions each month about the iPLEDGE Program

## DURING TREATMENT

- Use 2** effective methods of birth control together all the time
- See** your doctor/prescriber for a monthly pregnancy test
- Keep** your appointments every month to get a prescription
- Confirm** your 2 methods of birth control by entering them into the iPLEDGE Program system
- Answer** different questions each month about the iPLEDGE Program
  - **Note: you can answer your comprehension questions only after your doctor/prescriber has entered your pregnancy test result in the iPLEDGE Program system**
- Obtain** your prescription for up to a maximum of a 30-day supply
- Obtain** your prescription within the 7-day prescription window counting the day of the pregnancy test as DAY 1
  - If you do not obtain your prescription within the 7-day prescription window, you will need to go back to your doctor/prescriber to start this process again
- Do not donate** blood

## AFTER TREATMENT

### RIGHT AFTER YOUR LAST DOSE

- Get** a pregnancy test after your last dose
- Confirm** that your doctor/prescriber has entered the results of this pregnancy test into the iPLEDGE Program system
- Continue** using your 2 methods of birth control for 1 month
- Do not share any leftover isotretinoin with anyone**
- Do not donate** blood for 1 month after your last dose

### ONE MONTH AFTER YOUR LAST DOSE

- Have** a final pregnancy test at 1 month after your last dose
- Confirm** that your doctor/prescriber has entered the results of this pregnancy test into the iPLEDGE Program system

Web site: [www.ipledgeprogram.com](http://www.ipledgeprogram.com)  
Phone system: 1-866-495-0654

Please see accompanying complete product information, including CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS.



**NOTES:**

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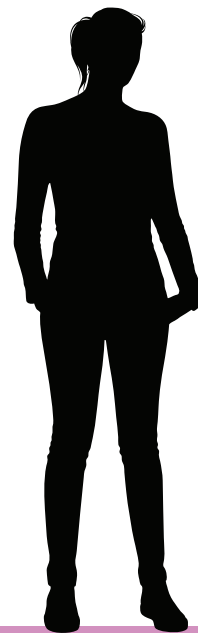


## **Patient Information/Informed Consent Informed Consent About Birth Defects**

Important forms you must sign before you begin taking isotretinoin.

## **Patient Identification Cards**

Remove one ID card and take it along with your prescription to the pharmacy (within your prescription window) to obtain your isotretinoin. Separate the cards and keep the duplicate ID card in a safe place.



Please see accompanying complete product information, including CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS.



## Patient Information/Informed Consent (for all patients):

To be completed by patient (and parent or guardian if patient is under age 18) and signed by the doctor.

Read each item below and initial in the space provided if you understand each item and agree to follow your doctor's instructions. A parent or guardian of a patient under age 18 must also read and understand each item before signing the agreement.

**Do not sign this agreement and do not take isotretinoin if there is anything that you do not understand about all the information you have received about using isotretinoin.**

1. I, \_\_\_\_\_  
(Patient's Name)

understand that isotretinoin is a medicine used to treat severe nodular acne that cannot be cleared up by any other acne treatments, including antibiotics. In severe nodular acne, many red, swollen, tender lumps form in the skin. If untreated, severe nodular acne can lead to permanent scars.

Initials: \_\_\_\_\_

2. My doctor has told me about my choices for treating my acne.

Initials: \_\_\_\_\_

3. I understand that there are serious side effects that may happen while I am taking isotretinoin. These have been explained to me. These side effects include serious birth defects in babies of pregnant patients. [Note: There is a second Patient Information/Informed Consent About Birth Defects (for female patients who can get pregnant)].

Initials: \_\_\_\_\_

4. I understand that some patients, while taking isotretinoin or soon after stopping isotretinoin, have become depressed or developed other serious mental problems. Symptoms of depression include sad, "anxious" or empty mood, irritability, acting on dangerous impulses, anger, loss of pleasure or interest in social or sports activities, sleeping too much or too little, changes in weight or appetite, school or work performance going down, or trouble concentrating. Some patients taking isotretinoin have had thoughts about hurting themselves or putting an end to their own lives (suicidal thoughts). Some people tried to end their own lives. And some people have ended their own lives. There were reports that some of these people did not appear depressed. There have been reports of patients on isotretinoin becoming aggressive or violent. No one knows if isotretinoin caused these behaviors or if they would have happened even if the person did not take isotretinoin. Some people have had other signs of depression while taking isotretinoin (see #7).

Initials: \_\_\_\_\_

5. Before I start taking isotretinoin, I agree to tell my doctor if I have ever had symptoms of depression (see #7), been psychotic, attempted suicide, had any other mental problems, or take medicine for any of these problems. Being psychotic means having a loss of contact with reality, such as hearing voices or seeing things that are not there.

Initials: \_\_\_\_\_

6. Before I start taking isotretinoin, I agree to tell my doctor if, to the best of my knowledge, anyone in my family has ever had symptoms of depression, been psychotic, attempted suicide, or had any other serious mental problems.

Initials: \_\_\_\_\_

7. Once I start taking isotretinoin, I agree to stop using isotretinoin and tell my doctor right away if any of the following signs and symptoms of depression or psychosis happen. I:

- Start to feel sad or have crying spells
- Lose interest in activities I once enjoyed
- Sleep too much or have trouble sleeping
- Become more irritable, angry, or aggressive than usual (for example, temper outbursts, thoughts of violence)
- Have a change in my appetite or body weight
- Have trouble concentrating
- Withdraw from my friends or family
- Feel like I have no energy
- Have feelings of worthlessness or guilt
- Start having thoughts about hurting myself or taking my own life (suicidal thoughts)
- Start acting on dangerous impulses
- Start seeing or hearing things that are not real

Initials: \_\_\_\_\_

8. I agree to return to see my doctor every month I take isotretinoin to get a new prescription for isotretinoin, to check my progress, and to check for signs of side effects.

Initials: \_\_\_\_\_

9. Isotretinoin will be prescribed just for me — I will not share isotretinoin with other people because it may cause serious side effects, including birth defects.

Initials: \_\_\_\_\_

10. I will not give blood while taking isotretinoin or for 1 month after I stop taking isotretinoin. I understand that if someone who is pregnant gets my donated blood, her baby may be exposed to isotretinoin and may be born with serious birth defects.

Initials: \_\_\_\_\_

11. I have read the *Patient Introductory Brochure* and other materials my provider provided me containing important safety information about isotretinoin. I understand all the information I received.

Initials: \_\_\_\_\_

12. My doctor and I have decided I should take isotretinoin. I understand that I must be qualified in the iPLEDGE Program to have my prescription filled each month. I understand that I can stop taking isotretinoin at any time. I agree to tell my doctor if I stop taking isotretinoin.

Initials: \_\_\_\_\_

I now allow my doctor \_\_\_\_\_ to begin my treatment with isotretinoin.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (print) \_\_\_\_\_

Patient Address \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I have:

- fully explained to the patient, \_\_\_\_\_, the nature and purpose of isotretinoin treatment, including its benefits and risks
- provided the patient the appropriate educational materials, such as the *Patient Introductory Brochure* and asked the patient if he/she has any questions regarding his/her treatment with isotretinoin
- answered those questions to the best of my ability

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACE THE ORIGINAL SIGNED DOCUMENTS IN THE PATIENT'S MEDICAL RECORD.  
PLEASE PROVIDE A COPY TO THE PATIENT.**



## Patient Information/Informed Consent About Birth Defects (for female patients who can get pregnant)

To be completed by the patient (and her parent or guardian\* if patient is under age 18) and signed by her doctor.

Read each item below and initial in the space provided to show that you understand each item and agree to follow your doctor's instructions. **Do not sign this consent and do not take isotretinoin if there is anything that you do not understand.**

\*A parent or guardian of a minor patient (under age 18) must also read and initial each item before signing the consent.

\_\_\_\_\_  
(Patient's Name)

- I understand that there is a very high chance that my unborn baby could have severe birth defects if I am pregnant or become pregnant while taking isotretinoin. This can happen with any amount and even if taken for short periods of time. This is why I must not be pregnant while taking isotretinoin.  
Initial: \_\_\_\_\_
- I understand that I must not get pregnant one month before, during the entire time of my treatment, and for one month after the end of my treatment with isotretinoin  
Initial: \_\_\_\_\_
- I understand that I must avoid sexual intercourse completely, or I must use two separate, effective methods of birth control (contraception) **at the same time**. The only exceptions are if I have had surgery to remove the uterus (a hysterectomy) or both of my ovaries (bilateral oophorectomy), or my doctor has medically confirmed that I am post-menopausal.  
Initial: \_\_\_\_\_
- I understand that hormonal birth control products are among the most effective methods of birth control. Combination birth control pills and other hormonal products include skin patches, shots, under-the-skin implants, vaginal rings, and intrauterine devices (IUDs). Any method of birth control can fail. That is why I must use two different birth control methods at the same time, starting one month before, during, and for one month after stopping therapy every time I have sexual intercourse, even if one of the methods I choose is hormonal birth control.  
Initial: \_\_\_\_\_
- I understand that the following are effective methods of birth control:
 

<b>Primary methods</b> <ul style="list-style-type: none"> <li>• tying my tubes (tubal sterilization)</li> <li>• male vasectomy</li> <li>• intrauterine device</li> <li>• hormonal (combination birth control pills, skin patches, shots, under-the-skin implants, or vaginal ring)</li> </ul>	<b>Secondary methods</b> <b>Barrier:</b> <ul style="list-style-type: none"> <li>• male latex condom with or without spermicide</li> <li>• diaphragm with spermicide</li> <li>• cervical cap with spermicide</li> </ul> <b>Other:</b> <ul style="list-style-type: none"> <li>• vaginal sponge (contains spermicide)</li> </ul>
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A diaphragm and cervical cap must each be used with spermicide, a special cream that kills sperm

I understand that at least one of my two methods of birth control must be a primary method.  
Initial: \_\_\_\_\_
- I will talk with my doctor about any medicines including herbal products I plan to take during my isotretinoin treatment because hormonal birth control methods may not work if I am taking certain medicines or herbal products.  
Initial: \_\_\_\_\_
- I may receive a free birth control counseling session from a doctor or other family planning expert. My isotretinoin doctor can give me an Isotretinoin Contraception Referral Form for this free consultation.  
Initial: \_\_\_\_\_

- I must begin using the birth control methods I have chosen as described above at least one month before I start taking isotretinoin.  
Initial: \_\_\_\_\_
- I cannot get my first prescription for isotretinoin unless my doctor has told me that I have two negative pregnancy test results. The first pregnancy test should be done when my doctor decides to prescribe isotretinoin. The second pregnancy test must be done in a lab during the first 5 days of my menstrual period right before starting isotretinoin therapy treatment, or as instructed by my doctor. I will then have one pregnancy test; in a lab:
  - every month during treatment
  - at the end of treatment
  - and 1 month after stopping treatment

I must not start taking isotretinoin until I am sure that I am not pregnant, have negative results from two pregnancy tests, and the second test has been done in a lab.  
Initial: \_\_\_\_\_
- I have read and understand the materials my doctor has provided to me, including the *Guide to Isotretinoin for Female Patients Who Can Get Pregnant*, *Birth Control Workbook* and *Patient Introductory Brochure*.  
I have received information on emergency birth control.  
My doctor provided me and asked me to watch a video about birth control and a video about birth defects and isotretinoin.  
Initial: \_\_\_\_\_
- I must stop taking isotretinoin right away and call my doctor if I get pregnant, miss my expected menstrual period, stop using birth control, or have sexual intercourse without using my two birth control methods at any time.  
Initial: \_\_\_\_\_
- My doctor provided me information about the purpose and importance of providing information to the iPLEDGE Program should I become pregnant while taking isotretinoin or within one month of the last dose. I understand that if I become pregnant, information about my pregnancy, my health, and my baby's health may be shared with the makers of isotretinoin, authorized parties who maintain the iPLEDGE Program for the makers of isotretinoin, and government health regulatory authorities.  
Initial: \_\_\_\_\_
- I understand that being qualified to receive isotretinoin in the iPLEDGE Program means that I:
  - have had two negative urine or blood pregnancy tests before receiving the first isotretinoin prescription. The second test must be done in a lab. I must have a negative result from a urine or blood pregnancy test done in a lab repeated each month before I receive another isotretinoin prescription.
  - have chosen and agreed to use two methods of effective birth control at the same time. At least one method must be a primary method of birth control, **unless I have chosen never to have sexual contact with a male (abstinence)**, or I have undergone a hysterectomy or bilateral oophorectomy, or I have been medically confirmed to be post-menopausal. I must use two methods of birth control for at least one month before I start isotretinoin therapy, during therapy, and for one month after stopping therapy. I must receive counseling, repeated on a monthly basis, about birth control and behaviors associated with an increased risk of pregnancy.
  - have signed a Patient Information/Informed Consent About Birth Defects (for female patients who can get pregnant) that contains warnings about the chance of possible birth defects if I am pregnant or become pregnant and my unborn baby is exposed to isotretinoin.
  - have been informed of and understand the purpose and importance of providing information to the iPLEDGE Program should I become pregnant while taking isotretinoin or within 1 month of the last dose.
  - have interacted with the iPLEDGE Program before starting isotretinoin and on a monthly basis to answer questions on the program requirements and to enter my two chosen methods of birth control.  
Initial: \_\_\_\_\_

**My doctor has answered all my questions about isotretinoin and I understand that it is my responsibility not to get pregnant one month before, during isotretinoin treatment, or for one month after I stop taking isotretinoin.**

Initial: \_\_\_\_\_

I now authorize my doctor \_\_\_\_\_ to begin my treatment with isotretinoin.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Please print: Patient Name and Address \_\_\_\_\_ Telephone \_\_\_\_\_

I have fully explained to the patient, \_\_\_\_\_, the nature and purpose of the treatment described above and the risks to females of reproductive potential. I have asked the patient if she has any questions regarding her treatment with isotretinoin and have answered those questions to the best of my ability.

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACE THE ORIGINAL SIGNED DOCUMENTS IN THE PATIENT'S MEDICAL RECORD.  
PLEASE PROVIDE A COPY TO THE PATIENT.**



- Visit your doctor/prescriber monthly
- Women who can get pregnant must:
  1. Have a monthly pregnancy test
  2. Complete monthly questions by web at [www.ipledgeprogram.com](http://www.ipledgeprogram.com) or by calling 1-866-495-0654
- Take this card and your prescription to the pharmacy within the prescription window to obtain your prescription
- Do not get pregnant
- Do not share your drug
- Do not donate blood

See reverse for important safety information



**iPLEDGE**<sup>®</sup>  
Committed to Pregnancy Prevention

## Duplicate ID Card

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Peel off sticker for  
patient's file



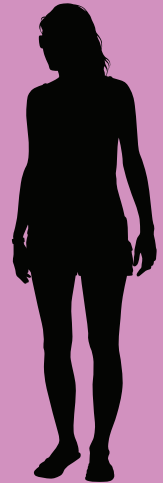
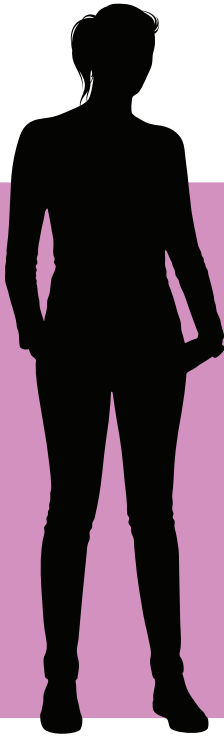
Patient ID number

Web site: [www.ipledgeprogram.com](http://www.ipledgeprogram.com)  
Phone system: 1-866-495-0654



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Phone system: 1-866-495-0654

## **WARNING**

For your health and safety, please read this booklet carefully. Also, be sure you understand what your doctor has told you about isotretinoin before starting treatment.

Do not take isotretinoin if you are pregnant, plan to become pregnant, or become pregnant during isotretinoin treatment. Isotretinoin causes severe birth defects (deformed babies), loss of a baby before birth (miscarriage), death of a baby and early (premature) births. There is no accurate means of determining whether an exposed fetus has been affected.

## **IMPORTANT NOTICE**

Use only isotretinoin products approved by the US Food and Drug Administration.

Obtain your isotretinoin prescriptions *only* from pharmacies that are licensed in the United States and are registered with and activated in the iPLEDGE Program.




**Peel off sticker for patient's file**



**Patient ID number**

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**IPLEDGE®**  
Committed to Pregnancy Prevention

**Stop isotretinoin and call your doctor right away if you are pregnant. Stop isotretinoin and call your doctor right away if you or a family member notices that you have any of the following signs and symptoms of depression or psychosis:**

- Start to feel sad or have crying spells
- Lose interest in activities you once enjoyed
- Sleep too much or have trouble sleeping
- Become more irritable, angry, or aggressive than usual (for example, temper outbursts, thoughts of violence)
- Have a change in your appetite or body weight
- Have trouble concentrating
- Withdraw from your friends or family
- Feel like you have no energy
- Have feelings of worthlessness or guilt
- Start having thoughts about hurting yourself or taking your own life (suicidal thoughts)
- Start acting on dangerous impulses
- Start seeing or hearing things that are not real

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