NPM-BGD-0125

Manufactured for :
F. Hoffmann-La Roche Ltd.
Basel, Switzerland

Imported & Marketed by :
Radiant Business Consortium Ltd
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Physician Checklist/ Acknowledgement Form for Prescribing Roaccutane®▼ to Female Patients

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. Adverse events should be reported.

Please report the Adverse Event at bangladesh.drugsafty@roche.com or call + 880 1766686086.

ROACCUTANE®
isotretinoin

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, Roaccutane must not be prescribed*

The potential for pregnancy must be assessed for all female patients prescribed Roaccutane®

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 postmenopause 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 Roaccutane® and kept with patient notes to document compliance with the Roaccutane® Pregnancy Prevention Programme. After completion a copy of this document should be given to the patient.

Roaccutane® belongs to the retinoid class of drugs that cause severe birth defects. Fetal exposure to Roaccutane®, even for short periods, presents a high risk of congenital malformations. Roaccutane® is therefore strictly contraindicated in women of childbearing potential, unless all conditions in the Roaccutane® 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 Roaccutane®.

Before initiating Roaccutane® 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.

	Doctor confirm: I have explained this to my patient.		**Patient confirm: I have understood this.**	
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?	Yes ☐	No ☐	Yes ☐	No ☐
Teratogenicity				
The patient understands that Roaccutane® belongs to a class of drugs (retinoids) known to cause severe birth defects and that they must not get pregnant whilst taking it. Roaccutane® also increases the risk of miscarriage when taken during pregnancy.	Yes ☐	No ☐	Yes ☐	No ☐
Contraception				
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.	Yes ☐	No ☐	Yes ☐	No ☐
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.	Yes ☐	No ☐	Yes ☐	No ☐
The patient has received advice on contraception which is appropriate for her and has committed to using it throughout the risk period.	Yes ☐	No ☐	Yes ☐	No ☐
The patient is aware of the risk of contraceptive failure.	Yes ☐	No ☐	Yes ☐	No ☐

	Doctor confirm: I have explained this to my patient.		**Patient confirm: I have understood this.**	
Pregnancy Testing & Monthly Prescriptions				
The first prescription for Roaccutane® 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.	Yes ☐	No ☐	Yes ☐	No ☐
Patient understands that in order to support regular follow up, including pregnancy testing and monitoring, ideally the prescription should be limited to 30 days.	Yes ☐	No ☐	Yes ☐	No ☐
Patient understands the need for and agrees to pregnancy testing before, during and after treatment.	Yes ☐	No ☐	Yes ☐	No ☐
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.	Yes ☐	No ☐	Yes ☐	No ☐
The contraceptive methods and pregnancy test results were recorded in the patient's appointment table (included in patient reminder card).	Yes ☐	No ☐	Yes ☐	No ☐
The patient has received a copy of the educational package.	Yes ☐	No ☐	Yes ☐	No ☐
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.	Yes ☐	No ☐	Yes ☐	No ☐
If pregnancy occurs, treatment must be stopped and the patient should be referred to an expert physician specialised or experienced in teratology for advice.	Yes ☐	No ☐	Yes ☐	No ☐

	Doctor confirm: I have explained this to my patient.		**Patient confirm: I have understood this.**	
Other Precautions				
Patient understands that Roaccutane® has been prescribed to her only and must not be shared with others.	Yes ☐	No ☐	Yes ☐	No ☐
Patient understands that she must not donate blood during treatment with Roaccutane® and for one month after discontinuation due to the potential risk to the foetus of a pregnant transfusion recipient.	Yes ☐	No ☐	Yes ☐	No ☐
Signature	Signature		Signature	
	Date		Date	

Pregnancies occurring during treatment and within 1 month following discontinuation of treatment should be reported to the Local Safety Unit (LSU) of MAH at bangladesh.drugsafety@roche.com & +8801766686086. LSU 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.