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## PATIENT MATERIALS

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### Patient Reminder Card

Doctor's name:

Telephone:

**Oral retinoids products containing acitretin, alitretinoin and isotretinoin must not be taken during pregnancy.**

Oral retinoids products containing acitretin, alitretinoin and isotretinoin **can seriously harm an unborn baby** if a pregnant woman takes it.

**If you become pregnant or think you might be pregnant, stop taking oral retinoids products containing acitretin, alitretinoin and isotretinoin immediately and contact your doctor.**

Read the package leaflet carefully before you start treatment.

**If you have any questions or concerns about taking oral retinoids products containing acitretin, alitretinoin and isotretinoin, talk to your doctor or pharmacist.**

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### What you have to do if you could become pregnant:

- **You must use at least 1 highly effective method of contraception (such as an intra-uterine device or an implant) or correctly use 2 effective methods of birth control that work in different ways (such as an oral contraceptive together with a condom) before, during and for 1 month [3 years for acitretin] after stopping treatment.**
- **You must not become pregnant while taking oral retinoids products containing acitretin, alitretinoin and isotretinoin, or for 1 month [3 years for acitretin] after stopping treatment.**
- **You must attend regular follow-up visits and have regular pregnancy testing:**
  - ✓ Before you start treatment, you will have to have a pregnancy test, which must be negative.
  - ✓ To make sure you are not pregnant during treatment, you should have regular pregnancy tests, ideally every month. You should also have a final pregnancy test 1 month [for acitretin should be every 1-3 months for a period of 3 years] after stopping treatment.

### Reminder for men and women

This medication has been prescribed to you only, **do not share it with anybody and return any unused capsules back to the pharmacy.**

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**APPOINTMENT TABLE (please use this table to record the dates of your appointments with your doctor)**

**Doctor's name:**

**Telephone:**

<b>Date of appointment</b>	<b>Contraception used</b>	<b>Pregnancy test result</b>	<b>Doctor's signature</b>
		<input type="checkbox"/> Positive <input type="checkbox"/> Negative Date:	
		<input type="checkbox"/> Positive <input type="checkbox"/> Negative Date:	
		<input type="checkbox"/> Positive <input type="checkbox"/> Negative Date:	
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**Reporting of suspected adverse reactions/ exposure during pregnancy**

Any suspected adverse reactions or pregnancies occurring during treatment and within 1 month [3 years for acitretin] following discontinuation of treatment should be reported to the Pharmacovigilance Department of the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products, Al. Jerozolimskie 181C, 02-222 Warszawa, Tel.: + 48 22 49 21 301, Fax: + 48 22 49 21 309, Website: <https://smz.ezdrowie.gov.pl> or to Marketing Authorization Holder in Poland.

The **electronic version** of educational materials can be found on the Marketing Authorization Holder's or/and dedicated website.