BioAvenir

Physician's Guide to Prescribing Isovenir

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Introduction

Isovenir (isotretinoin) is highly teratogenic. There is an extremely high risk that foetal exposure to Isovenir will result in life threatening congenital abnormalities. The Isovenir Pregnancy Prevention Programme (PPP) has therefore been developed to ensure that female patients are not pregnant when starting Isovenir and do not become pregnant during Isovenir therapy or for at least one month after stopping Isovenir treatment.

This guide provides a summary of the Pregnancy Prevention Programme. For full details of the Pregnancy Prevention Programme please refer to the Isovenir Summary of Product Characteristics (SPC) under section 4.4 Special warnings and precautions for use.

This brochure should be used in conjunction with the Physician's checklist for prescribing to female patients.

PLEASE NOTE THAT THIS GUIDE PROVIDES INFORMATION RELATING TO ISOVENIR PREGNANCY PREVENTION ONLY – FOR FULL PRESCRIBING INFORMATION INCLUDING DETAILS OF ADVERSE REACTIONS, PLEASE REFER TO THE ISOVENIR SPC.

The teratogenic risks of Isovenir

If pregnancy occurs either during treatment with Isovenir or in the month following the end of treatment with Isovenir there is a great risk of very severe and serious malformation of the foetus.

The foetal malformations associated with exposure to Isovenir include:

- central nervous system abnormalities (hydrocephalus, cerebellar malformation/ abnormalities, microcephaly)
- facial dysmorphia
- cleft palate
- external ear abnormalities (absence of external ear, small or absent external auditory canals)
- eye abnormalities (microphthalmia)
- cardiovascular abnormalities (conotruncal malformations such as tetralogy of Fallot, transposition of great vessels, septal defects)
- thymus gland abnormality and parathyroid gland abnormalities.

There is also an increased incidence of spontaneous abortion.

The Isovenir Pregnancy Prevention Programme

The Pregnancy Prevention Programme should be followed for **all female patients at risk of pregnancy**.

The Pregnancy Prevention Programme consists of 3 parts:
Educational programme
Therapy management
Distribution control

Educational programme

The purpose of the educational programme is to:
• enhance the understanding of the teratogenic risks of Isovenir by both patients and physicians
• enhance female patient information and awareness.

As part of the educational programme the following brochures are provided:
• Physician's guide to prescribing Isovenir (this document)
• Physician's checklist for prescribing to female patients
• Patient Information brochure

Therapy management

The basic components of therapy management in the Isovenir Pregnancy Prevention Programme are:
• provision of educational material to patients
• medically supervised pregnancy testing before, during and 5 weeks after end of treatment
• use of at least one method of contraception and preferably 2 complementary forms of contraception including a barrier method for at least one month before initiating therapy, continuing throughout the treatment period, and then for at least one month after stopping therapy.

Distribution control

Under the Pregnancy Prevention Programme the prescription of Isovenir for women should be limited to a 30 day supply. In addition dispensing of Isovenir should occur within a maximum of 7 days of the prescription.

Conditions of prescribing Isovenir in female patients at risk of pregnancy

Isovenir can be prescribed to women of childbearing potential only if all of the following conditions of the Pregnancy Prevention Programme are met:

• She has severe cystic acne that does not respond to other treatment.
• She understands the teratogenic risk.
• She understands the need for rigorous follow-up, on a monthly basis.
• She understands and accepts the need for effective contraception, without interruption, 1 month before starting treatment, throughout the duration of treatment and 1 month after the end of treatment. At least one and preferably two complementary forms of contraception including a barrier method should be used.
• Even if she has amenorrhoea she must follow all of the advice on effective contraception.
• She should be capable of complying with effective contraceptive measures.
• She is informed and understands the potential consequences of pregnancy and the need to rapidly consult if there is a risk of pregnancy.
• She understands the need for and agrees to undergo pregnancy testing before, during and 5 weeks after the end of treatment.
• She has acknowledged that she has understood the hazards and necessary precautions associated with the use of Isovenir.

These conditions also concern women who are not currently sexually active unless the prescriber considers that there are compelling reasons to indicate that there is no risk of pregnancy.

You, the prescriber, must ensure that:
• The patient complies with the conditions for pregnancy prevention as listed above, including confirmation that she has an adequate level of understanding.
• The patient has acknowledged the aforementioned conditions.
• The patient has used at least one and preferably two methods of effective contraception including a barrier method for at least 1 month prior to starting treatment and is continuing to use effective contraception throughout the treatment period and for at least 1 month after cessation of treatment.
• Negative pregnancy test results have been obtained before, during and 5 weeks after the end of treatment. The dates and results of pregnancy tests should be documented.

Additional precautions

Female patients not at risk of pregnancy

It is important that female patients not at risk of pregnancy are warned of the teratogenic risks of Isovenir. The importance of contraception should also be discussed with these patients as a woman not at risk of pregnancy at the start of Isovenir therapy may have a change in circumstances. Full patient information about the teratogenic risk of Isovenir and the strict pregnancy prevention measures should be given to female patients not at risk of pregnancy.

Male patients

The available data suggest that the level of maternal exposure from the semen of male patients receiving Isovenir is not of a sufficient magnitude to be associated with the teratogenic effects of Isovenir.
However, male patients should be reminded that they must not share their medication with anyone, particularly not females. Full patient information about the teratogenic risk of Isovenir and the strict pregnancy prevention measures should be given to male patients.

All patients

Patients should be instructed never to give Isovenir to another person and to return any unused capsules to their pharmacist at the end of treatment. All patients should be told not to donate blood during therapy and for 1 month following discontinuation of Isovenir because of the potential risk to the foetus of a pregnant transfusion recipient.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

Adverse events and pregnancy cases should be reported. Any suspected adverse events and pregnancy cases should be reported to the Ministry of Health according to the National Regulation by using an online form: https://sideeffects.health.gov.il/

Adverse events and pregnancy cases should also be reported to Bioavenir Ltd (drug.safety@bioavenir.co.il).

Further information and Further supplies of the Isovenir Pregnancy Prevention Programme educational materials

For further information about the Isovenir Pregnancy Prevention Programme or to obtain further supplies of the Isotretinoin Pregnancy Prevention Programme educational materials, please contact:

BioAvenir Ltd.
Tel: 09-9544129
or email info@bioavenir.co.il

This Prescriber Brochure was approved according to the guidelines of the Ministry of Health on March-2024.