

## A PATIENT’S GUIDE TO PARTICIPATION

### What is the EPPA™ Program Patient Survey?

The EPPA™ Program Patient Survey is a short, easy-to-answer questionnaire about your use of acitretin, pregnancy prevention and your understanding of the risks associated with acitretin use. The questions are very similar to the topics that you have already discussed with your doctor or nurse.

The survey is voluntary, but all women who have the potential to become pregnant while taking acitretin and for three years after they stop taking acitretin are being asked to participate.

#### Why Should You Participate?

Your doctor has asked you to participate in the EPPA™ Program Patient Survey because you are able to become pregnant and were prescribed acitretin.

Your participation will be simple: you will periodically complete a short survey questionnaire while you are taking acitretin and for three years after you stop.

Sharing this valuable information on the effectiveness of the EPPA™ Program will help other women safely use acitretin in the future.

#### Your Participation in the Survey

We will contact you each time the survey is to be completed – you won’t have to remember! You will have the option of completing the survey on paper or via the internet at the EPPA™ Program Patient Survey website. Completing the survey will only take a few minutes.

While you are taking acitretin, you will be asked to complete a brief survey once every three months.

After you stop taking acitretin, you will be asked to complete the survey two times a year for three years.

You will be paid for your time after you complete each survey.

### Acitretin Schedule for Pregnancy Prevention & Safe Pregnancy Planning

	1 MONTH BEFORE TREATMENT	BEFORE TREATMENT	DURING TREATMENT WITH ACITRETIN	2 MONTHS AFTER TREATMENT	3 YEARS AFTER TREATMENT
<b>2 FORMS OF BIRTH CONTROL</b>					
<b>2 NEGATIVE PREGNANCY TESTS</b>					
<b>ONGOING PREGNANCY TESTS</b>	Each month before receiving a prescription and every 3 months for 3 years after stopping treatment				
<b>EPPA™ PROGRAM PATIENT SURVEY</b>					
<b>NO ALCOHOL</b>					
<b>NO BLOOD DONATION</b>					
<b>SIGN INFORMED CONSENT</b>					

Education and Pregnancy Prevention for Acitretin Program



## Your Privacy

We understand the importance of your privacy. Your participation in the EPPA™ Program Patient Survey is completely confidential. Only the researchers and those working with the researchers managing the survey will know your identity. Your name and contact information will not be shared with others, and the answers you provide will never be identified with you in any presentation of the survey results.

## How to Contact Us

If you have questions about the EPPA™ Program Patient Survey, please call 1-888-651-3963.

Please see below for phone numbers to report a side effect or pregnancy, or for information about birth control or contraception.

**For more information, visit the acitretin website at [www.acitretinEPPA.com](http://www.acitretinEPPA.com)**

### HELPFUL PHONE NUMBERS

#### BIRTH CONTROL COUNSELING:

**1-888-651-3970**

#### EMERGENCY CONTRACEPTION WEBSITE

**[www.not-2-late.com](http://www.not-2-late.com)**

#### EMERGENCY CONTRACEPTION HOTLINE

**1-866-245-6020**

#### IF YOU BECOME PREGNANT OR HAVE A SIDE EFFECT FROM TAKING ACITRETIN CAPSULES:

**1-877-994-835-5472 (Amneal Pharmaceuticals LLC Medical Information Call Center)**

**OR**

**1-800-FDA-1088 (1-800-332-1088)**

### Thank You

Thank you for participating in the EPPA™ Program Patient Survey. The information you provide will help ensure the safe use of acitretin now and in the future.

Amneal Pharmaceuticals LLC

Education and Pregnancy Prevention  
for Acitretin Program

