

# CONTRACEPTION COUNSELING REFERRAL PROGRAM

Expert Counseling With No Added Expenses

CAUSES BIRTH  
DEFECTS



DO NOT GET  
PREGNANT

Before you can start taking SORIATANE® (acitretin) Capsules, you have to be sure that you are not pregnant and that you understand how to avoid pregnancy. That's why Stiefel Laboratories, Inc. will pay for you to go to a contraception counselor. This specialist will

provide you with expert counseling about birth control (contraception and avoiding pregnancy). This counseling is very important, even if you already feel you know about birth control, and even if you are not having sex or do not plan to have sex.

## 6 Simple Instructions

1

Make an appointment to see a contraception counselor and give him/her the attached forms. The counselor should call your SORIATANE Capsules prescriber if there are any questions about why you are there or about how the program works.

2

Notify your SORIATANE Capsules prescriber after you have had contraception counseling.

3

Ask the contraception counselor to mail a copy of the form to your SORIATANE Capsules prescriber. **You will not get your first prescription for SORIATANE Capsules until your prescriber has received this signed form, and you must have negative results from 2 pregnancy tests.** Your first test will be done at the time you and your prescriber decide if SORIATANE Capsules might be right for you. The second pregnancy test will usually be done during the first 5 days of your menstrual period right before you plan to start SORIATANE Capsules, but your prescriber may suggest a different time.

4

You must use **2 effective forms of birth control** (contraception) at the same time for at least 1 month before beginning SORIATANE Capsules treatment, during treatment with SORIATANE Capsules, and for at least 3 years after stopping SORIATANE Capsules treatment.

5

You are not required to pay any charges for the counseling by the contraception counselor. If you are asked to pay, have your contraception counselor send your signed Authorization for Use or Disclosure of Health Information form to the address below. The counselor should follow the instructions on the attached forms. The fee will be paid by Stiefel Laboratories, Inc.

6

Finally, if your contraception counselor performs a pregnancy test, the laboratory bill should be sent to the following address:

Stiefel Laboratories, Inc.  
Attn: Do Your P.A.R.T.™  
3160 Porter Drive  
Palo Alto, California 94304

Patient Copy





# CONTRACEPTION COUNSELING REFERRAL FORM (SORIATANE® Capsules)

CAUSES BIRTH DEFECTS



DO NOT GET PREGNANT

## Notes to Contraception Counselor

This patient, \_\_\_\_\_, is being considered for treatment with SORIATANE® (acitretin) Capsules. She has been referred to you for contraception counseling before she receives a prescription for SORIATANE Capsules.

SORIATANE Capsules are a potent teratogen; therefore, it is essential to rule out pregnancy before her treatment begins and for you to fully inform the patient about effective contraception. The typical course of therapy with SORIATANE Capsules may last several months, depending upon the patient's response to the medication. The patient must choose **2 effective forms of contraception** (birth control) to be used simultaneously for at least 1 month prior to initiation of SORIATANE Capsules therapy, during SORIATANE Capsules therapy, and for at least 3 years after discontinuing SORIATANE Capsules therapy. According to the SORIATANE Capsules package insert, the following are considered effective forms of contraception:

Primary: Tubal ligation, partner's vasectomy, intrauterine devices, injectable/implantable/insertable hormonal birth control products, and birth control patch. Birth control pills that contain both estrogen and progestin (combination oral contraceptives) are considered an effective form of birth control; however, progestin-only ("mini-pill") birth control pills should be avoided.

Secondary: Latex condoms (with or without spermicide), diaphragms, and cervical caps (which must be used with a spermicide).

The patient must choose at least 1 primary form of contraception.

Please explain the patient's options for contraception, the risk of possible contraceptive failure, and the requirements for achieving maximal effectiveness with her chosen methods. Please inform me if the patient does not choose 2 effective forms of contraception. The patient should also be counseled about emergency contraception.

Therapy cannot begin until pregnancy has been ruled out by negative results from 2 pregnancy tests with a sensitivity of at least 25 mIU/mL. The first test should be done at the time the patient decides to pursue therapy. The second test should be done during the first 5 days of the menstrual period immediately preceding the beginning of SORIATANE Capsules therapy; or, if the patient has amenorrhea, the pregnancy test should be done at least 11 days after the last act of unprotected sexual intercourse (without using 2 effective forms of contraception simultaneously).

SORIATANE Capsules prescriber's name: \_\_\_\_\_  
(Please affix label, or type or print clearly.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

SORIATANE Capsules prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information to Be Returned to SORIATANE Capsules Prescriber

I have provided the following for your patient \_\_\_\_\_  
(Name)

- Comprehensive contraception counseling
- Information about emergency contraception
- The patient had a negative pregnancy test on \_\_\_\_\_  
(Date)

The patient has chosen 2 methods of contraception.

Yes  No

Primary method: \_\_\_\_\_

Secondary method: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please affix label, or type or print clearly.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contraception counselor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

SORIATANE Capsules Prescriber Copy

## Reimbursement

NOTE: Reimbursement is offered only for contraception counseling and pregnancy testing, if performed. Other services that may be provided during this visit are not eligible for reimbursement.

**The prescriber who actually prescribes SORIATANE® (acitretin) Capsules is not eligible for reimbursement by Stiefel Laboratories, Inc.**

### REIMBURSEMENT INSTRUCTIONS

To receive reimbursement, you must call a toll-free number and enter the designated branch for reimbursement. After you have provided all the requested information, a check will be sent to you by first-class mail.

Steps: Dial 1-888-500-DERM (3376).

- You will hear recorded instructions on how to obtain reimbursement as a contraception counselor.
- You will be asked to provide the following information:
  - Your name and address
  - Your office phone number
  - Name of graduate school from which you graduated
  - Year of graduation
  - The name and address of the referring SORIATANE Capsules prescriber
  - The patient's name
  - Whether you have provided contraception counseling and information on emergency contraception
  - Your normal and customary charge for providing these services
- A check will then be processed and mailed to you within 10 days.
- To check on the status of a previous request, you will need to provide only your name, address, and phone number. A representative will contact you to update your request status.

### REIMBURSEMENT FOR PREGNANCY TEST

If you have performed pregnancy testing in the office or sent the patient directly to the laboratory, please instruct the laboratory to send the bill to the following address:

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Attn: Do Your P.A.R.T.™  
3160 Porter Drive  
Palo Alto, California 94304

*Important:* Your name and address must be included on the invoice from the laboratory.

The laboratory will be reimbursed directly.

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# CONTRACEPTION COUNSELING REFERRAL FORM (SORIATANE® Capsules)

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Secondary: Latex condoms (with or without spermicide), diaphragms, and cervical caps (which must be used with a spermicide).

The patient must choose at least 1 primary form of contraception.

Please explain the patient's options for contraception, the risk of possible contraceptive failure, and the requirements for achieving maximal effectiveness with her chosen methods. Please inform me if the patient does not choose 2 effective forms of contraception. The patient should also be counseled about emergency contraception.

Therapy cannot begin until pregnancy has been ruled out by negative results from 2 pregnancy tests with a sensitivity of at least 25 mIU/mL. The first test should be done at the time the patient decides to pursue therapy. The second test should be done during the first 5 days of the menstrual period immediately preceding the beginning of SORIATANE Capsules therapy; or, if the patient has amenorrhea, the pregnancy test should be done at least 11 days after the last act of unprotected sexual intercourse (without using 2 effective forms of contraception simultaneously).

SORIATANE Capsules prescriber's name: \_\_\_\_\_  
(Please affix label, or type or print clearly.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

SORIATANE Capsules prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information to Be Returned to SORIATANE Capsules Prescriber

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(Name)

- Comprehensive contraception counseling
- Information about emergency contraception
- The patient had a negative pregnancy test on \_\_\_\_\_  
(Date)

The patient has chosen 2 methods of contraception.

Yes  No

Primary method: \_\_\_\_\_

Secondary method: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please affix label, or type or print clearly.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contraception counselor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contraception Counselor Copy

## Reimbursement

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Telephone: \_\_\_\_\_

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