

What is the Acitretin MyMAC Patient Survey?

The Acitretin Survey is a short, easy-to-answer questionnaire about your use of Acitretin, pregnancy prevention and your understanding of the risks associated with using Acitretin. 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.

For more information, visit the Acitretin MyMAC website at www.acitretincommitment.com



HELPFUL PHONE NUMBERS

BIRTH CONTROL COUNSELING:

1-888-858-5236

EMERGENCY CONTRACEPTION HOTLINE:

1-888-858-5236

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

1-877-446-3679 (1-877-4-INFO-RX)

OR

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

For more information, visit the Acitretin MyMAC website at www.acitretincommitment.com



ACITRETIN CAPSULES: (MyMAC) Enrollment Patient Survey

My Mylan Acitretin Commitment



Why Should You Participate?

Your doctor has asked you to participate in the Acitretin 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 Acitretin *MyMAC* 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 complete the survey on paper. 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.

Your Privacy

We understand the importance of your privacy. Your participation in the Acitretin 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 Acitretin *MyMAC* survey, please call 1-877-446-3679 (1-877-4-INFO-RX).

Please see the end of this brochure for phone numbers to report a side effect or pregnancy, or for information about birth control or contraception.

Thank You

Thank you for participating in the Acitretin Survey. The information you provide will help ensure the safe use of Acitretin now and in the future.

| 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 |
| 2 FORMS OF BIRTH CONTROL | → | | | | |
| 2 NEGATIVE PREGNANCY TESTS | | → | | | |
| ONGOING PREGNANCY TESTS | Each month before receiving prescription and every 3 months for 3 years after stopping treatment | | | | |
| <i>MyMAC</i> PATIENT SURVEY | | | → A Survey Every Three Months | | → A Survey Every Six Months |
| NO ALCOHOL | → | | | | |
| NO BLOOD DONATION | → | | | | |
| SIGN INFORMED CONSENT | | → | | | |

ACITRETIN CAPSULES: (*MyMAC*) Enrollment Patient Survey



ACITRETIN CAPSULES: MyMAC Patient Survey Registration

Purpose of the Survey

The acitretin capsules **MyMAC (My Mylan Acitretin Commitment)** patient survey is a short, easy-to-answer questionnaire that gathers information about how women who can get pregnant use acitretin capsules, the importance of pregnancy prevention and patient understanding of the risks associated with using acitretin.

What to Expect

You will be asked to complete a survey when you register, every three months while you are taking acitretin capsules and then twice a year for three years after you stop taking acitretin capsules. We will remind you when a survey is ready for you to complete. Each survey will take only a few minutes of your time. You will complete survey on paper.

Your Privacy

Your participation in the survey and any answers that you provide are 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.

Payment

We appreciate your participation in the **acitretin capsules MyMAC** patient survey. To compensate you for your time, we will send you a \$50 American Express® gift card for every survey you complete. The gift card can be used for purchases wherever American Express is accepted.

How to Register

Registration is simple. Just fill out the form below, and be sure to sign and date it. Then, place it in the provided postage-paid envelope along with your completed survey and drop it in the mail.

Participant Information (please print)

I agree to participate in the acitretin capsules **MyMAC** patient survey

Name

Last

First

Middle Initial

Address

Street

Apt. #

City

State

Zip Code

Telephone

()

Best time to call:

am/pm

Doctor's Name

Doctor's Address

Street

City

State

Zip Code

Most recent date that you began treatment with acitretin capsules

/ /

Month

Day

Year

Signature

Date



Misplaced your envelope?
Send your form and your survey to:

**Product Safety & Risk Management
Mylan Pharmaceuticals Inc.,
a Viatris Company**

5005 Greenbag Road
Morgantown, WV 26501

Revised: 5/2022
PSR:R4

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