SUPATANE is teratogenic and should not be taken by pregnant women, women intending to become pregnant, or sexually active women in their fertile years, not using at least two methods of contraception, as severe malformations may occur during pregnancy.

SCHEDULING STATUS

S5

1. NAME OF THE MEDICINE
SUPATANE 8 mg hard gelatin capsules
SUPATANE 16 mg hard gelatin capsules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
SUPATANE 8 mg hard gelatin capsule.
Each hard gelatin capsule contains 8 mg isotretinoin.

SUPATANE 16 mg hard gelatin capsule.
Each hard gelatin capsule contains 16 mg isotretinoin.

Sugar free
Excipients with known effect:
Contains soya-bean oil (refined).
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM
Hard gelatin capsules

SUPATANE 8 mg
Hard gelatin capsule, size 3 with white body and green cap containing an orange waxy paste.

SUPATANE 16 mg
Hard gelatin capsule, size 1 with white body and green cap containing an orange waxy paste.

4. CLINICAL PARTICULARS
4.1 Therapeutic indications
Severe recalcitrant nodular acne
SUPATANE is indicated for the treatment of severe recalcitrant nodular acne.
Nodules are inflamed lesions with a diameter of 5 mm or greater. The nodules may become suppurative or haemorrhagic. "Severe", by definition, means "many" as opposed to "few or several" nodules.

Because of significant adverse effects associated with its use, SUPATANE should be reserved for patients with severe nodular acne who are unresponsive to conventional therapy, including systemic antibiotics.

A single course of therapy has been shown to result in complete and prolonged remission of disease in many patients. If a second course of therapy is needed, it should not be initiated until at least 8 weeks after completion of the first course, because experience has shown that patients may continue to improve while off SUPATANE.

4,2 Posology and method of administration
The initial diagnosis and prescription of SUPATANE should be performed by a dermatologist with expertise in the use of systemic retinoids for the treatment of severe acne and a full understanding of the risks of isotretinoin therapy and monitoring requirements. The therapeutic response to SUPATANE and its adverse events are dose related and vary between patients. This necessitates individual dosage adjustment during therapy.

Posology
Standard dosage
Therapy should be started at a dose of 0,4 mg/kg daily. For most patients the dose ranges from 0,4 – 0,8 mg/kg per day. Patients with very severe disease, or with truncal acne may require higher daily doses up to 1,6 mg/kg.
The therapy duration in individual patients therefore varies as a function of the daily dose. Complete remission of the acne is often achieved by a therapy course of 16 - 24 weeks. In patients who show a severe intolerance to the recommended dose, treatment may be continued at a lower dose, with consequent increase in therapy duration.
In the majority of patients, complete clearing of the acne is obtained with a single treatment course. In the case of a definite relapse, a renewed course of SUPATANE therapy should be given with the same daily dose as previously. Since further improvement of the acne can be observed up to 8 weeks after discontinuation of treatment, re treatment should not be initiated until after this period.

Concurrent topical therapy
Concurrent administration of other keratolytic or exfoliative anti-acne agents is not indicated. Nor is concurrent radiation therapy with ultraviolet light indicated. Patients should avoid exposure to the sun. Adjuvant therapy with mild topical medicines may be given, as required.

Special populations
Adults including adolescents and the elderly:
Isotretinoin therapy should be started at a dose of 0,4 mg/ kg daily. The therapeutic response to isotretinoin and some of the adverse effects are dose-related and vary between patients. This necessitates individual dosage adjustment during therapy. For most patients, the dose ranges from 0,4 – 0,8 mg/ kg per day.
Long-term remission and relapse rates are more closely related to the total dose administered than to either duration of treatment or daily dose. The duration of treatment will depend on the individual daily dose. A treatment course of 16 - 24 weeks is normally sufficient to achieve remission.
In the majority of patients, complete clearing of the acne is obtained with a single treatment course. In the event of a definite relapse a further course of isotretinoin therapy may be considered using the same daily dose and cumulative treatment dose. As further improvement of the acne can be observed up to 8 weeks after discontinuation of treatment, a further course of treatment should not be considered until at least this period has elapsed.

Renal impairment
In patients with severe renal insufficiency treatment should be started at a lower dose (e.g. 8 mg/day). The dose should then be increased up to 0,8 mg/kg/day or until the patient is receiving the maximum tolerated dose (see section 4.4).

Patients with intolerance
In patients who show severe intolerance to the recommended dose, treatment may be continued at a lower dose with the consequences of a longer therapy duration and a higher risk of relapse. In order to achieve the maximum possible efficacy in these patients the dose should normally be continued at the highest tolerated dose.

Paediatric population
SUPATANE should not be used for the treatment of prepubertal acne and is not recommended in children less than 12 years of age due to a lack of data on efficacy and safety.

Method of administration
SUPATANE is for oral administration.
The capsule should be swallowed whole.
SUPATANE should be taken with food, once or twice daily.

4.3 Contraindications

Pregnancy and lactation
SUPATANE may not be given to breastfeeding mothers.
SUPATANE causes foetal malformations. These foetal malformations have been documented and include hydrocephalus, microcephalus, abnormalities of the external ear (micropinna, small or absent external auditory canals), microphthalmia, cardiovascular abnormalities, facial dysmorphia, thymus gland abnormalities, parathyroid gland abnormalities with parathyroid hormone deficiency and cerebellar malformations. There is also an increased risk of spontaneous abortion. It's use is therefore contraindicated, not only in women who are pregnant, or who may become pregnant while undergoing treatment, but also in all woman of childbearing potential, unless an effective contraceptive is used, without any interruption, for one month prior to therapy, the duration of therapy and for at least one month after discontinuation of therapy.
Even female patients who normally do not employ contraception because of a history of infertility (except in the case of hysterectomy) or who claim absence of sexual activity, must be advised to use effective contraceptive measures while taking SUPATANE, following the guidelines. It is recommended that two reliable forms of contraception be used simultaneously.
SUPATANE is contraindicated in women of child-bearing potential unless the female patient meets all the following conditions:
- **the patient must have severe nodular acne, resistant to standard therapies**
- **she must be reliable in understanding and carrying out instructions**
- **she must be informed by her doctor of the hazards of becoming pregnant during, and one month after, treatment with SUPATANE**
- **she must be warned of the possibility of contraception failure**
- she must confirm that she has understood the precautions.
- she must be capable of complying with the mandatory effective contraceptive measures.
- she must use effective contraception, without any interruption, for 1 month before starting SUPATANE therapy, during therapy and for 1 month following discontinuation of therapy.

Careful consideration must be given in each individual case to the efficacy of the contraceptive methods chosen, particularly in the first cycle of hormonal contraception when additional methods are advised.
- She must have a negative result from a reliable pregnancy test within 11 days prior to the start of therapy. Monthly pregnancy testing during treatment is strongly recommended.
- She must start SUPATANE therapy only on the 2nd or 3rd day of the next normal menstrual period.
- In the event of relapse treatment, she must also use the same uninterrupted and effective contraceptive measures, 1 month prior to, during, and for 1 month after SUPATANE therapy, and the same reliable pregnancy evaluations should be followed.
- She must fully understand the precautions and confirm her understanding and her willingness to comply with reliable contraceptive measures as explained to her.

Should pregnancy occur, in spite of these precautions, during treatment with SUPATANE, or during the first month after discontinuation, there is an extremely high risk of severe malformation of the foetus (involving in particular, the central nervous system, the heart and the large blood vessels), even after exposure for short periods only. Every possible precaution must be taken to ensure that the patient is not pregnant at the time of commencement of, during the course of, and for one month after discontinuation of therapy.

In order to assist prescribing physicians and patients in avoiding foetal exposure to isotretinoin, the manufacturer provides a Pregnancy Prevention Programme consisting of the following material to reinforce the warnings about the medicine's teratogenicity and emphasise the mandatory need for reliable contraception in female patients of childbearing potential:
- **Patient Information Brochure**
- **Brochure on Birth Control**
- **Female Patient Information and Consent Form**
- **Physician's Guide to Prescription**
- **Physician's Checklist for Prescription to Females**
- **The pregnancy prevention information should be given to patients both orally and in writing.**

The Patient Information Brochure must be provided to all patients. In addition, all female patients must receive the Brochure on Birth Control and the Female Patient Information and Consent Form.

SUPATANE is also contraindicated in:
- Hypersensitivity to isotretinoin or soya-bean oil to any of the excipients listed in section 6.1.
- SUPATANE contains soya-bean oil. If you are allergic to peanut or soya, do not use this medicine.
- Pre-existing hypervitaminosis A
- Hepatic insufficiency
- Patients with excessively elevated blood lipid values
- Patients with excessively elevated blood lipid values
- Supplementary treatment with tetracyclines is contraindicated (see section 4.5).

4,4 Special warnings and precautions for use

Teratogenic effects
SUPATANE is a powerful human teratogen inducing a high frequency of severe and life-threatening birth defects.
SUPATANE is strictly contraindicated in:
- Pregnant women (see section 4.3)
- Women of childbearing potential unless all of the conditions of the Pregnancy Prevention Programme are met (see section 4.3)

Patients should be reminded that SUPATANE is a scheduled medicine and not a cosmetic agent and that it is a criminal act to transfer it to, or share it with, any person not in possession of a valid prescription. SUPATANE should only be prescribed by medical practitioners who are experienced in the use of systemic retinoids and who understand the risk of teratogenicity associated with isotretinoin therapy.

Pregnancy Prevention Programme
SUPATANE is TERATOGENIC
Females of childbearing potential, as well as female patients who normally do not employ contraception because of a history of infertility, should be instructed that they must not be pregnant when SUPATANE therapy is initiated, and that they should use effective contraception while taking SUPATANE without any interruptions for 1 month prior to therapy, the duration of therapy and for 1 month after discontinuation of therapy. Two reliable forms of contraception should be used simultaneously. Micro-dosed progesterone preparations (minipills) may be an inadequate method of contraception during SUPATANE therapy. Although other hormonal contraceptives are effective, there have been reports of pregnancy from women who have used oral contraceptives, as well as injectable/implantable contraceptive medicines.
These reports are more frequent for women who use only a single method of contraception. It is not known if hormonal contraceptives differ in their effectiveness when used with SUPATANE. Therefore, it is important that women of childbearing potential use two effective forms of contraception simultaneously. They should also sign a Consent Form prior to beginning SUPATANE therapy (see boxed section 4.3).

Isotretinoin is contraindicated in women of childbearing potential unless all of the following conditions of the Pregnancy Prevention Programme are met:
- She has severe acne (such as nodular or conglobate acne or acne at risk of permanent scarring) resistant to adequate courses of standard therapy with systemic anti-bacterial- and topical therapy (see section 4.1).
- The potential for pregnancy must be assessed for all female patients.
- 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 entire duration of treatment and for 1 month after the end of treatment. At least one highly effective method of contraception (i.e. a user-independent form) or two complementary user-dependent forms of contraception including a barrier method should be used.
- Individual circumstances should be evaluated in each case, when choosing the contraception method, involving the patient in the discussion, to guarantee her engagement and compliance with the chosen measures.
- Even if she has amenorrhea, she must follow all of the advice on effective contraception.
- She is informed and understands the potential consequences of pregnancy and the need to rapidly consult if there is a risk of pregnancy or if she might be pregnant.
- She understands the need and accepts to undergo regular pregnancy testing before, ideally monthly during treatment and 1 month after stopping treatment.
- She has acknowledged that she has understood the hazards and necessary precautions associated with the use of isotretinoin.

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.

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 understands that she must consistently and correctly use one highly effective method of contraception (i.e. a user-independent form) or two complementary user-dependent forms of 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 1 month after the end of treatment. The dates and results of pregnancy tests should be documented.
- If pregnancy occurs in a woman treated with isotretinoin, treatment must be stopped and the patient should be referred to a physician specialised or experienced in teratology for evaluation and advice.
- If pregnancy occurs after stopping treatment there remains a risk of severe and serious malformation of the foetus. This risk persists until the product has been completely eliminated, which is within one month following the end of treatment.

Contraception
Female patients must be provided with comprehensive information on pregnancy prevention and should be referred for contraceptive advice if they are not using effective contraception. If the prescribing physician is not in a position to provide such information the patient should be referred to the relevant healthcare professional.

As a minimum requirement, female patients of childbearing potential must use at least one highly effective method of contraception (i.e. a user independent form), or two complementary user-dependent forms of contraception including a barrier method. Contraception should be used for at least 1 month prior to starting treatment, throughout treatment and continue for at least 1 month after stopping treatment with isotretinoin, even in patients with amenorrhea.

Individual circumstances should be evaluated in each case, when choosing the contraception method involving the patient in the discussion, to guarantee her engagement and compliance with the chosen measures.

Pregnancy testing
According to local practice, medically supervised pregnancy tests with a minimum sensitivity of 25 mIU/mL are recommended to be performed, in the first 3 days of the menstrual cycle as follows.

Prior to starting therapy
At least one month after the patient has started using contraception, and shortly (preferably a few days) prior to the first prescription, the patient should undergo a medically supervised pregnancy test and its date and result recorded. This test should ensure the patient is not pregnant when she starts treatment with isotretinoin. In patients without regular menses, the timing of this pregnancy test should reflect the sexual activity of the patient and should be undertaken approximately 3 weeks after the patient last had unprotected sexual intercourse. The prescriber should educate the patient about contraception.

Follow-up visits
Follow-up visits should be arranged at 28-day intervals. The need for repeated medically supervised pregnancy tests every month should be determined according to local practice including consideration of the patient's sexual activity, recent menstrual history (abnormal menses, missed periods or amenorrhea) and method of contraception. Where indicated, follow-up pregnancy tests should be performed on the day of the prescribing visit or in the 3 days prior to the visit to the prescriber.

End of treatment
One month after stopping treatment, women should undergo a final pregnancy test.

Prescribing and dispensing restrictions
For women of childbearing potential, the prescription duration of SUPATANE should ideally be limited to 30 days in order to support regular follow up, including pregnancy testing and monitoring. Ideally, pregnancy testing, issuing a prescription and dispensing of SUPATANE should occur on the same day. Dispensing of isotretinoin should occur within a maximum of 7 days of the prescription.

This monthly follow-up will allow ensuring that regular pregnancy testing and monitoring is performed and that the patient is not pregnant before receiving the next cycle of medication.

Male patients
The available data suggest that the level of maternal exposure from the semen of the patients receiving SUPATANE, is not of a sufficient magnitude to be associated with the teratogenic effects of SUPATANE. Male patients should be reminded that they must not share their medication with anyone, particularly not females.

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

Educational material
In order to assist prescribers, pharmacists and patients in avoiding foetal exposure to isotretinoin the Marketing Authorisation Holder will provide educational material to reinforce the warnings about the teratogenicity of isotretinoin, to provide advice on contraception before therapy is started and to provide guidance on the need for pregnancy testing.

Full patient information about the teratogenic risk and the strict pregnancy prevention measures as specified in the Pregnancy Prevention Programme should be given by the physician to all patients, both male and female.

Psychiatric disorders
Depression, depression aggravated, anxiety, aggressive tendencies, mood alterations, psychotic symptoms, suicidal ideation, suicide attempts and suicide have been reported in patients treated with isotretinoin (see section 4.8). Particular care needs to be taken in patients with a history of depression and all patients should be monitored for signs of depression and referred for appropriate treatment if necessary. However, discontinuation of isotretinoin may be insufficient to alleviate symptoms and therefore further psychiatric or psychological evaluation may be necessary.
Awareness by family or friends may be useful to detect mental health deterioration.

Skin and subcutaneous tissues disorders
Acute exacerbation of acne is occasionally seen during the initial period but this subsides with continued treatment, usually within 7 - 10 days, and usually does not require dose adjustment.

Exposure to intense sunlight or to UV rays should be avoided. Where necessary a sun-protection product with a high protection factor of at least SPF 15 should be used.

Aggressive chemical dermabrasion and cutaneous laser treatment should be avoided in patients on isotretinoin for a period of 5 - 6 months after the end of the treatment because of the risk of hypertrophic scarring in atypical areas and post inflammatory hyper or hypopigmentation in treated areas. Wax depilation should be avoided in patients on isotretinoin for at least a period of 6 months after treatment because of the risk of epidermal stripping.

Concurrent administration of isotretinoin with topical keratolytic or exfoliative anti-acne agents should be avoided as local irritation may increase (see section 4.5).

Patients should be advised to use a skin moisturising ointment or cream and a lip balm from the start of treatment as isotretinoin is likely to cause dryness of the skin and lips.

There have been post-marketing reports of severe skin reactions (e.g. erythema multiforme (EM), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN)) associated with isotretinoin use. As these events may be difficult to distinguish from other skin reactions that may occur (see section 4.8), patients should be advised of the signs and symptoms and monitored closely for severe skin reactions. If a severe skin reaction is suspected, isotretinoin treatment should be discontinued.

Allergic reactions
Anaphylactic reactions have been reported, in some cases after previous topical exposure to retinoids. Allergic cutaneous reactions are reported infrequently. Serious cases of allergic vasculitis, often with purpura (bruises and red patches) of the extremities and extracutaneous involvement have been reported. Severe allergic reactions necessitate interruption of therapy and careful monitoring.

Eye disorders
Dry eyes, corneal opacities, decreased night vision and keratitis usually resolve after discontinuation of therapy. Dry eyes can be helped by the application of a lubricating eye ointment or by the application of tear replacement therapy. Intolerance to contact lenses may occur which may necessitate the patient to wear glasses during treatment.

Decreased night vision has also been reported and the onset in some patients was sudden (see section 4.7). Patients experiencing visual difficulties should be referred for an expert ophthalmological opinion. Withdrawal of isotretinoin maybe necessary.

Musculo-skeletal and connective tissue disorders
Myalgia, arthralgia and increased serum creatine phosphokinase values have been reported in patients receiving isotretinoin, particularly in those undertaking vigorous physical activity (see section 4,8). In some cases, this may progress to potentially life-threatening rhabdomyolysis.

Bone changes including premature epiphyseal closure, hyperostosis, and calcification of tendons and ligaments have occurred after several years of administration at very high doses for treating disorders of keratinisation. The dose levels, duration of treatment and total cumulative dose in these patients generally far exceeded those recommended for the treatment of acne.

Benign intracranial hypertension
Cases of benign intracranial hypertension have been reported, some of which involved concomitant use of tetracyclines (see section 4.3 and section 4.5). Signs and symptoms of benign intracranial hypertension include headache, nausea and vomiting, visual disturbances and papilloedema. Patients who develop benign intracranial hypertension should discontinue isotretinoin immediately.

Hepatobiliary disorders
Liver enzymes should be checked before treatment, 1 month after the start of treatment, and subsequently at 3 monthly intervals unless more frequent monitoring is clinically indicated. Transient and reversible increases in liver transaminases have been reported. In many cases these changes have been within the normal range and values have returned to baseline levels during treatment. However, in the event of persistent clinically relevant elevation of transaminase levels, reduction of the dose or discontinuation of treatment should be considered.

Renal insufficiency
Renal insufficiency and renal failure do not affect the pharmacokinetics of isotretinoin. Therefore, isotretinoin can begiven to patients with renal insufficiency. However, it is recommended that patients are started on a low dose and titrated up to the maximum tolerated dose (see section 4.2).

Lipid Metabolism
Serum lipids (fasting values) should be checked before treatment, 1 month after the start of treatment, and subsequently at 3 monthly intervals unless more frequent monitoring is clinically indicated. Elevated serum lipid values usually return to normal on reduction of the dose or discontinuation of treatment and may also respond to dietary measures.

Isotretinoin has been associated with an increase in plasma triglyceride levels. Isotretinoin should be discontinued if hypertriglyceridaemia cannot be controlled at an acceptable level or if symptoms of pancreatitis occur (see section 4.8). Levels in excess of 800 mg/dL or 9 mmol/L are sometimes associated with acute pancreatitis, which may be fatal.

Gastrointestinal disorders
Isotretinoin has been associated with inflammatory bowel disease (including regional ileitis) in patients without a prior history of intestinal disorders. Patients experiencing severe (haemorrhagic) diarrhoea should discontinue isotretinoin immediately.

High Risk Patients
In patients with diabetes, obesity, alcoholism or a lipid metabolism disorder undergoing treatment with isotretinoin, more frequent checks of serum values for lipids and/or blood glucose may be necessary. Elevated fasting blood sugars have been reported, and new cases of diabetes have been diagnosed during isotretinoin therapy.

Excipients: Soya-bean oil
SUPATANE contains soya-bean oil. If you are allergic to peanut or soya, do not use this medicine (see section 4.3).

4.5 Interaction with other medicines and other forms of interaction
Patients should not take vitamin A as concurrent medication due to the risk of developing hypervitaminosis A.

Cases of benign intracranial hypertension (pseudotumor cerebri) have been reported with concomitant use of isotretinoin and tetracyclines. Therefore, concomitant treatment with tetracyclines must be avoided (see section 4.3 and section 4.4).

Concurrent administration of isotretinoin with topical keratolytic or exfoliative anti-acne agents should be avoided as local irritation may increase (see section 4.4).

4.6 Fertility, pregnancy and lactation

Pregnancy

Pregnancy is an absolute contraindication to treatment with isotretinoin (see section 4.3). Women of childbearing potential have to use effective contraception during and up to one month after treatment. If pregnancy does occur in spite of these precautions during treatment with SUPATANE or in the month following, there is a great risk of very severe and serious malformation of the foetus (see section 4.3).

The foetal malformations associated with exposure to isotretinoin 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.

If pregnancy occurs in a woman treated with isotretinoin, treatment must be stopped and the patient should be referred to a physician specialised or experienced in teratology for evaluation and advice.

Breastfeeding
Isotretinoin is highly lipophilic, therefore the passage of isotretinoin into human milk is very likely. Due to the potential for adverse effects in the child exposed via mothers' milk, SUPATANE is contraindicated during breastfeeding (see section 4.3).

Fertility
Isotretinoin, in therapeutic dosages, does not affect the number, motility and morphology of sperm and does not jeopardise the formation and development of the embryo on the part of the men taking isotretinoin.

4,7 Effects on ability to drive and use machines
SUPATANE could potentially have an influence on the ability to drive and use machines.

Reported cases of decreased night vision have occurred during isotretinoin therapy and in some instances have persisted after therapy (see section 4.4 and section 4.8). Because the onset in some patients was sudden, patients should be advised of this potential problem and warned to be cautious when driving or operating machines.

Drowsiness, dizziness and visual disturbances have been reported. Patients should be warned that if they experience these effects, they should not drive, operate machinery or take part in any other activities where the symptoms could put either themselves or others at risk.

4.8 Undesirable effects
Summary of safety profile
Some of the side effects associated with the use of isotretinoin are dose related. The side effects are generally reversible after altering the dose or discontinuation of treatment, however some may persist after treatment has stopped. The following symptoms are the most frequently reported undesirable effects with isotretinoin: dryness of the skin, dryness of the mucosae e.g. of the lips (cheilitis), the nasal mucosa (epistaxis) and the eyes (conjunctivitis).

Tabulated list of adverse reactions
The adverse reactions are listed below by MedDRA system organ class (SOC) and categories of frequency. Within each frequency grouping and SOC, adverse reactions are presented in order of decreasing seriousness.

Table 1 Tabulated list of adverse reactions in patients treated with isotretinoin

System Organ Class	Frequency		
	Frequent	**Less Frequent**	**Not known***
Infections and infestations		Gram positive (mucocutaneous) bacterial infection	
Blood and lymphatic system disorders	Thrombocytopenia, anaemia, thrombocytosis, red blood cell sedimentation rate increased Neutropenia	Lymphadenopathy	
Immune system disorders		Anaphylactic reactions, hypersensitivity, allergic skin reaction	
Metabolism and nutrition disorders		Diabetes mellitus, hyperuricaemia	
Psychiatric disorders		Depression, depression aggravated, aggressive tendencies, anxiety, mood alterations, suicide, suicide attempt, suicidal ideation, psychotic disorder, abnormal behaviour	
Nervous system disorders	Headache	Benign intracranial hypertension, convulsions, drowsiness, dizziness	
Eye disorders	Blepharitis, conjunctivitis, dry eye, eye irritation	Papilloedema (as sign of benign intracranial hypertensin), cataract, colour blindness (colour vision deficiencies), contact lens intolerance, corneal opacity, decreased night vision, keratitis, photophobia, visual disturbances, blurred vision	
Ear and labyrinth disorders		Hearing impaired	
Vascular disorders		Vasculitis (for example Wegener's granulomatosis, allergic vasculitis)	
Respiratory, thoracic and mediastinal disorders	Nasopharyngitis, epistaxis, nasal dryness	Bronchospasm (particularly in patients with asthma), hoarseness	
Gastrointestinal disorders		Inflammatory bowel disease, colitis, ileitis, pancreatitis, gastrointestinal haemorrhage, haemorrhagic diarrhoea, nausea, dry throat (see section 4.4)	
Hepatobiliary disorders	Transaminase increased (see section 4.4)	Hepatitis	
Skin and subcutaneous tissue disorders	Pruritus, rash erythematous, dermatitis, cheilitis, dry skin, localised exfoliation, skin fragility (risk of frictional trauma)	Alopecia, acne fulminans, acne aggravated (acne flare), erythema (facial), exanthema, hair disorders, hirsutism, nail dystrophy, paronychia, photosensitivity reaction, pyogenic granuloma, skin hyperpigmentation, sweating increased	Erythema multiforme, Stevens-Johnson Syndrome, toxic epidermal necrolysis
Musculoskeletal and connective tissue disorders	Arthralgia, myalgia, back pain (particularly in children and adolescent patients)	Arthritis, calcinosis (calcification of ligaments and tendons), epiphyses premature fusion, exostosis, (hyperostosis), reduced bone density, tendonitis	Rhabdomyolysis
Renal and urinary disorders		Glomerulonephritis	
Reproductive system and breast disorders			Sexual dysfunction including erectile dysfunction and decreased libido, gynaecomastia, vulvovaginal dryness
General disorders and administration site conditions		Granulation tissue (increased formation of), malaise	
Investigations	Blood triglycerides increased, high density lipoprotein decreased	Blood cholesterol increased, blood glucose increased, haematuria, proteinuria	Blood creatine phosphokinase increased

* cannot be estimated from the available data

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions to SAHPRA via the **"6.04 Adverse Drug Reaction Reporting Form"**, found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose
Isotretinoin is a derivative of vitamin A. Although the acute toxicity of isotretinoin is low, signs of hypervitaminosis A could appear in cases of accidental overdose. Manifestations of acute vitamin A toxicity include severe headache, nausea or vomiting, drowsiness, irritability and pruritus. Signs and symptoms of accidental or deliberate overdosage with isotretinoin would probably be similar. These symptoms would be expected to be reversible. Further treatment is supportive and symptomatic.

5. PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Category and Class: A 13.4.2 – Dermatological preparations – other.
Pharmacotherapeutic group: Retinoid for treatment of acne
ATC Code: D10BA01

Mechanism of action
Isotretinoin is a stereoisomer of all-*trans* retinoic acid (tretinoin). The exact mechanism of action of isotretinoin has not yet been elucidated in detail, but it has been established that the improvement observed in the clinical picture of severe acne is associated with suppression of sebaceous gland activity and a histologically demonstrated reduction in the size of the sebaceous glands. Furthermore, a dermal anti-inflammatory effect of isotretinoin has been established.

Clinical efficacy and safety
Hyper cornification of the epithelial lining of the pilosebaceous unit leads to shedding of corneocytes into the duct and blockage by keratin and excess sebum. This is followed by formation of a come done and, eventually, inflammatory lesions. Isotretinoin inhibits proliferation of sebocytes and appears to act in acne by re-setting the orderly program of differentiation. Sebum is a major substrate for the growth of Propionibacterium acnes so that reduced sebum production inhibits bacterial colonisation of the duct.

5.2 Pharmacokinetic properties
Time-related blood concentrations can be predicted from single-dose data on the basis of linear pharmacokinetics. This property also provides some evidence that the activity of hepatic medicine metabolising enzymes is not induced by isotretinoin.

Absorption
Oral absorption of isotretinoin is optimal when taken with food or milk. After oral administration of 80 mg, peak blood concentrations ranged from 167 ng/mL to 459 ng/mL (means 256 ng/mL) and were achieved in 1 – 6 hours (mean 3,2 hours) in healthy volunteers, while in acne patients peak concentrations ranged from 98 ng/mL to 535 ng/mL (mean 262 ng/mL), and occurred at 2 to 4 hours after administration (mean 2,9 hours). The mean ± SD minimum steady-state blood concentration of isotretinoin was 160 ± 19 ng/mL. The terminal elimination half-life was consistent with that observed in healthy subjects.

Distribution
Isotretinoin is 99,9 % bound to plasma proteins, primarily albumin. Steady-state blood concentrations ($C_{min,ss}$) of isotretinoin in patients with severe acne treated with 40 mg two times a day ranged from 20 - 200 ng/mL: the concentration of 4-oxo-isotretinoin in these patients were 2 - times higher than the isotretinoin concentrations.

Biotransformation
After oral administration of isotretinoin, three major metabolites have been identified in plasma: 4-oxo-isotretinoin, tretinoin, (all-*trans* retinoic acid), and 4-oxo-tretinoin. These metabolites have shown biological activity in several *in vitro* tests. 4-oxo-isotretinoin has been shown in a clinical study to be a significant contributor to the activity of isotretinoin (reduction in sebum excretion rate despite no effect on plasma levels of isotretinoin and tretinoin). Other minor metabolites include glucuronide conjugates. The major metabolite is 4-oxo-isotretinoin with plasma concentrations at steady-state, that are 2,5 times higher than those of the parent compound.

Isotretinoin and tretinoin (all-*trans* retinoic acid) are reversibly metabolised (= interconverted), and the metabolism of tretinoin is therefore linked with that of isotretinoin. It has been estimated that 20 - 0 % of an isotretinoin dose is metabolised by isomerisation.
Enterohepatic circulation may play a significant role in the pharmacokinetics of isotretinoin in man.

In vitro metabolism studies have demonstrated that several CYP enzymes are involved in the metabolism of isotretinoin to 4-oxo-isotretinoin and tretinoin. No single isoform appears to have a predominant role. Isotretinoin and its metabolites do not significantly affect CYP activity.

Elimination
After oral administration of radiolabelled isotretinoin approximately equal fractions of the dose were recovered in urine and faeces. Following oral administration of isotretinoin, the terminal elimination half-life of unchanged medicine in patients with acne has a mean value of 19 hours. The terminal elimination half-life of 4-oxo-isotretinoin is longer, with a mean value of 29 hours.

Isotretinoin is a physiological retinoid and endogenous retinoid concentrations are reached within approximately two weeks following the end of isotretinoin therapy.

Hepatic impairment
Since isotretinoin is contraindicated in patients with hepatic impairment, limited information on the kinetics of isotretinoin is available in this patient population.

Renal impairment
Renal failure does not significantly reduce the plasma clearance of isotretinoin or 4-oxo-isotretinoin. Patients with severe renal failure being treated with oral isotretinoin should be started at a lower dose. The dose can be gradually increased as tolerated.

6. PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Capsule content:
Sorbitane oleate
Soya-bean oil refined
Stearoyl macrogolglycerides

Cap:
Gelatin
Indigocarmine (E132)
Titanium dioxide (E171)
Yellow iron oxide (E172)

Body:
Gelatin
Titanium dioxide (E171)

6.2 Incompatibilities
Not applicable

6,3 Shelf life
2 years

6.4 Special precautions for storage
Store at or below 25 °C
Store in the original package in order to protect from light and moisture.

6.5 Nature and contents of container
SUPATANE 8 mg & 16 mg capsules are packaged in thermosealed blisters that consist in two parts:
- a white PVC foil (thickness: 250 µm),
- an aluminium foil (thickness: 20 µm).

Packed in blisters containing 7, 14, 10 capsules.
Blisters are packed in boxes containing 28, 30, 56, 60 capsules.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal
No special requirements for disposal.

7. HOLDER OF CERTIFICATE OF REGISTRATION
Austell Pharmaceuticals (Pty) Ltd
1 Sherborne Road
Parktown
JOHANNESBURG
2193
South Africa
Tel: 0860287835

8. REGISTRATION NUMBERS
SUPATANE 8 mg: 51/13.4.2/0006
SUPATANE 16 mg: 51/13.4.2/0007

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
23 August 2022

10. DATE OF REVISION OF THE TEXT
23 August 2022

Patient Information Leaflet

> **WARNING**
> **SUPATANE CAUSES SEVERE BIRTH DEFECTS**
> **Women must use effective contraception**
> **Do not use if you are pregnant or think you may be pregnant.**

SCHEDULING STATUS

S5

SUPATANE 8 mg hard gelatin capsule
SUPATANE 16 mg hard gelatin capsule
Isotretinoin
Sugar free

It is a criminal act to give SUPATANE to any person who does not have a valid prescription. Please read this leaflet carefully before you use SUPATANE capsules. This leaflet does not tell you all the information known about SUPATANE capsules. If you have any questions or are worried about any of this information, please speak to your doctor or pharmacist.

Read all of this leaflet carefully before you start taking SUPATANE
- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your health care provider.
- SUPATANE has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.
- If you get any side effects, talk to your health care provider. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:
1. What SUPATANE is and what it is used for
2. What you need to know before you take SUPATANE
3. How to take SUPATANE
4. Possible side effects
5. How to store SUPATANE
6. Contents of the pack and other information

1. What SUPATANE is and what it is used for
SUPATANE contains isotretinoin – a substance related to vitamin A, and one of a group of medicines called retinoids (for treatment of acne).

SUPATANE is used to treat severe types of acne (such as nodular or conglobate acne, or acne that is at risk of causing permanent scarring) in adults and adolescents from 12 years of age only after puberty.
You will use SUPATANE when your acne has not got better with anti-acne treatments, including antibiotics and skin treatments.

SUPATANE treatment must be supervised by a dermatologist (a doctor specialised in the treatment of skin problems).

2. What you need to know before you take SUPATANE
Do not take SUPATANE
- If you are pregnant or breastfeeding
- If there is any chance you could become pregnant, you must follow the precautions under "Pregnancy prevention programme", see section on "Warnings and precautions"
- If you are hypersensitive (allergic) to isotretinoin, peanut or soya or any other ingredients of this medicine (listed in section 6)
- If you have liver disease
- If you have very high levels of blood fats (e.g. high cholesterol or triglycerides)
- If you have very high levels of vitamin A in your body (hypervitaminosis A)
- If you are receiving treatment with tetracyclines (a type of antibiotic) at the same time (see "Other medicines and SUPATANE")

If any of these apply to you, go back to your doctor before taking any SUPATANE.

Warnings and precautions
Take special care before taking SUPATANE:
If you have ever had any kind of mental health problems. This includes depression, aggressive tendencies or mood changes. It also includes thoughts about hurting yourself or ending your life. This is because your mood may be affected while taking SUPATANE.

Pregnancy prevention programme

> **Do not use SUPATANE if you are pregnant, intend becoming pregnant or are breastfeeding.**
> - **SUPATANE causes severe birth defects. If you have child-bearing potential you must use two reliable methods of contraception while on SUPATANE, starting one month before SUPATANE therapy is started and continuing for one month after stopping SUPATANE.**
> - **SUPATANE therapy must start on the third day of menstruation. A pregnancy test is done 2 weeks before starting treatment and may be done during SUPATANE treatment.**
> - **If you have child-bearing potential, you must sign the Consent Form before starting SUPATANE therapy.**
>
> **NOTE: If you do become pregnant while you are taking SUPATANE, there is a high risk of severe birth defects to your baby.**

Please note that your doctor must give you the following information with your prescription:
Patient Information Brochure
Brochure on Birth Control
Female Patient Information and Consent Form

Women who are pregnant must not take SUPATANE
This medicine can seriously harm an unborn baby (the medicine is said to be 'teratogenic') – it can cause serious abnormalities of the unborn baby's brain, face, ear, eye, heart and certain glands (thymus gland and parathyroid gland). It also makes a miscarriage more likely. This may happen even if SUPATANE is taken only for a short time during pregnancy.
- You must not take SUPATANE if you are pregnant or if you think you might be pregnant
- You must not take SUPATANE if you are breastfeeding. The medicine is likely to pass into your milk and may harm your baby
- You must not take SUPATANE if you could get pregnant during treatment
- You must not get pregnant for one month after stopping this treatment because some medicine may still be left in your body

Women who could get pregnant are prescribed SUPATANE under strict rules. This is because of the risk of serious harm to the unborn baby
These are the rules:
- Your doctor must explain the risk of harm to the unborn baby - you must understand why you must not get pregnant and what you need to do to prevent getting pregnant
- You must have talked about contraception (birth control) with your health care provider. The doctor will give you information on how not to get pregnant. The doctor may send you to a specialist for contraception advice
- Before you start treatment, your doctor will ask you to take a pregnancy test. The test must show that you are not pregnant when starting treatment with SUPATANE

Women must use effective contraception before, during and after taking SUPATANE
- You must agree to use at least one very reliable method of contraception (for example an intrauterine device or contraceptive implant) or, two effective methods that work in different ways (for example a hormonal contraceptive pill and a condom). Discuss with your doctor or health care provider which methods would be suitable for you
- You must use contraception for a month before taking SUPATANE, during treatment and for a month afterwards
- You must use contraception even if you do not have periods or you are not sexually active (unless your doctor or health care provider decides this is not necessary)

Women must agree to pregnancy testing before, during and after taking SUPATANE
- You must agree to regular follow-up visits, ideally every month
- You must agree to have regular pregnancy tests, ideally every month during treatment and, because some medicine may still be left in your body, 1 month after stopping SUPATANE (unless your doctor or health care provider decides this is not necessary in your case)
- You must agree to extra pregnancy tests if your doctor or health care provider asks you
- You must not get pregnant during treatment or for a month afterwards because some medicine may still be left in your body
- Your doctor or health care provider will discuss all these points with you, using a checklist and will ask you (or a parent/guardian) to sign it. This form confirms that you have been told about the risks and that you will follow the rules above

If you get pregnant while taking SUPATANE, stop taking the medicine straight away, and contact your health care provider. Your doctor or health care provider may send you to a specialist for advice.

Also, if you become pregnant within one month after you stop taking SUPATANE, you should contact your health care provider. Your doctor or health care provider may send you to a specialist for advice.

Your doctor or health care provider has written information on pregnancy prevention for the users of SUPATANE which should be given to you.
A new prescription is needed for more treatment. Each prescription is only valid for 7 days.

Advice for men
The levels of oral retinoid in the semen of men taking SUPATANE are too low to harm their partners' unborn baby. However, you must never share your medication with anyone.

Additional precautions
You should never give this medicine to another person. Please take any unused capsules to your pharmacist at the end of treatment.
You should not donate blood during treatment with this medicine and for 1 month after stopping SUPATANE because an unborn baby could be harmed if a pregnant patient receives your blood.

Mental health problems
You may not notice some changes in your mood and behaviour and so it is very important that you tell your friends and family that you are taking this medicine. They may notice these changes and help you quickly identify any problems that you need to talk to your doctor or health care provider about.

Advice for all patients
- Tell your doctor if you have ever had any mental illness (including depression, suicidal behaviour or psychosis), or if you take medicines for any of these conditions
- Severe Skin reactions (e.g. Erythema Multiforme (EM), Stevens-Johnson syndrome (SJS) and Toxic Epidermal Necrolysis (TEN)) have been reported with the use of isotretinoin. The rash may progress to widespread blistering or peeling of the skin. You should also look for ulcers in the mouth, throat, nose, genitals and conjunctivitis (red and swollen eyes)
- SUPATANE may cause severe allergic reactions some of which can affect skin in the form of eczema, hives and bruises or red patches on arms and legs. If you develop an allergic reaction, stop taking SUPATANE, seek urgent advice from a doctor or health care provider and tell him that you are taking this medicine
- Cut down on intensive exercise and physical activity. SUPATANE can cause muscle and joint pain particularly in children and teenagers undertaking vigorous physical activity
- SUPATANE has been associated with inflammatory bowel disease. Your doctor or health care provider will take you off SUPATANE if you have severe bloody diarrhoea without any history of gastrointestinal disorders
- SUPATANE may cause dry eyes, intolerance to contact lenses and visual difficulties including decreased night vision. Tell your doctor or health care provider if you have any of these symptoms. Your doctor or health care provider may ask you to use lubricating eye ointment or tear replacement therapy. If you use contact lenses and you have developed intolerance to contact lenses, you may be advised to wear glasses during the treatment. Your doctor or health care provider may refer you to a specialist for advice if you develop visual difficulties and you may be asked to stop taking SUPATANE
- Benign intracranial hypertension has been reported with SUPATANE use and in some cases where SUPATANE was used together with tetracyclines (a type of antibiotic). Stop taking SUPATANE and seek urgent advice from your doctor or health care provider if you develop symptoms like headache, nausea, vomiting and visual disturbances. Your doctor or health care provider may refer you to a specialist to check for swelling of optic disk in the eye (papilloedema)
- SUPATANE may increase liver enzyme levels. Your doctor or health care provider will do blood tests before, during and after SUPATANE treatment to check these levels. If they stay high, your doctor or health care provider may lower your dose or take you off SUPATANE
- SUPATANE commonly increases blood fats, such as cholesterol or triglycerides. Your doctor or health care provider will test these levels before, during and after SUPATANE treatment. It is best that you do not drink alcoholic drinks or that you at least reduce the amount you usually drink while on treatment. Tell your doctor or health care provider if you already have high blood fats, diabetes (high blood sugars), are overweight, or an alcoholic. You may need blood tests more often. If your blood fats stay high, your doctor or health care provider may lower your dose, or take you off SUPATANE
- Tell your doctor or health care provider if you have any kidney problems. Your doctor or health care provider may start you on a lower dose of SUPATANE and then increase it to the maximum tolerated dose
- Your doctor or health care provider may monitor blood sugar levels during treatment, particularly if you already have diabetes, are overweight, or are an alcoholic
- Your skin is likely to get dry. Use a skin moisturising ointment or cream and a lip balm during treatment. To prevent skin irritation, you should avoid using exfoliating or anti-acne products
- Avoid too much sun and do not use a sunlamp or sunbed. Your skin may become more sensitive to sunlight. Before you go out in the sun, use a sun-protection product with a high protection factor (SPF 15 or higher)
- Do not have any cosmetic skin treatments. SUPATANE may make your skin more fragile. Do not have any waxing (hair removal), dermabrasion or laser treatments (removing horny skin or scars) during treatment, or for at least 6 months after treatment. They could cause scarring, skin irritation, or rarely, changes in the colour of your skin

Children and adolescents
The use of SUPATANE in children under the age of 12 is not recommended. This is because it is not known if it is safe or effective in this age group.
Use in adolescents over 12 years of age only after puberty.

Other medicines and SUPATANE
Always tell your doctor or health care provider if you are taking any other medicine. (This includes all complementary or traditional medicines.)
- Do not take vitamin A supplements or tetracyclines (a type of antibiotic) or use any skin treatments for acne while you are on SUPATANE.
- It is good to use moisturisers and emollients (skin creams or preparations that prevent water loss and have a softening effect on the skin).
- Avoid the use of topical keratolytic or exfoliative anti-acne agents while you are on SUPATANE as using them together may make skin irritation worse.

SUPATANE with food and drink
It's best to avoid alcohol while taking isotretinoin capsules, or at least keep the amount you drink to a minimum. This is because there's a risk of damage to your liver.

Pregnancy and breastfeeding
If you are pregnant or breastfeeding, think you may be pregnant or are planning to have a baby, please consult your doctor or health care provider for advice before taking this medicine.
For more information on contraception, pregnancy and breastfeeding, see section 2 "Pregnancy prevention programme".

Driving and using machines
You may not see as well at night during your treatment. This can happen suddenly. In rare cases this has continued after the treatment has stopped. Drowsiness and dizziness have been reported very rarely. If this happens to you, you should not drive or operate machinery.

Important information about some of the ingredients of SUPATANE
SUPATANE contains soya-bean oil. If you are allergic to peanut or soya, do not use SUPATANE.

3. How to take SUPATANE
Do not share medicines prescribed for you with any other person.

Always take SUPATANE exactly as your doctor or health care provider has told you. Check with your doctor or health care provider if you are not sure.

The usual dose unless otherwise recommended by your doctor or health care provider is 0,4 mg per kilogram body weight per day (0,4 mg/kg/day). So, if you weigh 60 kg, your dose will usually start at 24 mg a day.

If you have severe kidney problems, you will usually start on a lower dose (such as 8 mg/day) which will be increased up to the highest dose your body can tolerate. If your body cannot tolerate the recommended dose, you may be prescribed a lower dose: that can mean you are treated for longer and your acne might be more likely to come back.

Duration of administration
Your doctor or health care provider will tell you how long your treatment with SUPATANE will last.
A course of treatment usually lasts for 16 to 24 weeks. Most patients only need one course. Your acne may continue to improve for up to 8 weeks after treatment. You won't usually start another course until then.
Some people find their acne gets worse during the first weeks of treatment. It usually improves as treatment goes on.

After a few weeks your doctor or health care provider may adjust your dose. This depends on how you are getting on with your medicine. For most patients the dose will be between 0,4 and 0,8 mg/kg/day. If you think that SUPATANE is too strong or too weak, talk to your health care provider.

Method of administration
Take the capsules once or twice daily.
Take on a full stomach (preferably after your main meal). Swallow them whole, with a drink or a mouthful of food.

If you take more SUPATANE than you should
In the event of overdosage, consult your health care provider. If neither is available, contact the nearest hospital or poison centre.

If you forget to take SUPATANE
If you miss a dose take it as soon as you can. However, if it is nearly time for your next dose, skip the missed dose and carry on as before. Do not take a double dose (two doses close together).

4. Possible side effects
SUPATANE can have side effects.

Not all side effects reported for SUPATANE are included in this leaflet. Some of the side effects associated with the use of isotretinoin are related to the dose.

If any of the following happens, stop taking SUPATANE and tell your doctor or health care provider immediately or go to the casualty department at your nearest hospital:
- swelling of the hands, feet and ankles, face, lips and mouth or throat which may cause difficulty in swallowing or breathing,
- sudden tight chest, shortness of breath and wheezing, particularly if you have asthma,
- rash or itching,
- fainting,
- serious skin rashes also called erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis, which are potentially life threatening and require immediate medical attention. These appear initially as circular patches often with central blisters usually on arms and hands or legs and feet, more severe rashes may include blistering of the chest and back. Additional symptoms such as infection of the eye (conjunctivitis) or ulcers of the mouth, throat or nose may occur. Severe forms of rash may progress to widespread peeling of the skin which can be life threatening. These serious skin rashes are often preceded by headache, fever, body aches (flu like symptoms),
- some people have had thoughts about hurting themselves or ending their own lives (suicidal thoughts), have tried to end their own lives (attempted suicide), or have ended their lives (suicide).

These are all serious side effects. If you have them, you may have had a serious reaction to SUPATANE. You may need urgent medical attention or hospitalisation.

Tell your doctor immediately or go to the casualty department at your nearest hospital if you notice any of the following:
- existing depression getting worse,
- becoming violent or aggressive,
- trouble moving arms or legs, painful, swollen, bruised areas of the body, dark-coloured urine, reduced or no urine output, confusion or dehydration. These are signs of rhabdomyolysis,
- difficulty urinating (passing water), swollen and puffy eyelids, feeling excessively tired. These may be signs of kidney inflammation,
- lasting headache, along with feeling sick (nausea), being sick (vomiting) and change in your eyesight including blurred vision. These may be signs of benign intracranial hypertension, especially if SUPATANE is taken with antibiotics called tetracycline,
- severe abdominal (tummy) pain, with or without severe bloody diarrhoea, feeling sick (nausea) and being sick (vomiting). These can be signs of serious gut conditions,
- blurred vision.

These are all serious side effects. You may need urgent medical attention.

Tell your doctor if you notice any of the following:
Frequent side effects:
- Dryness of the skin, especially of the lips and face; inflamed skin, chapped and inflamed lips, rash, mild itching and slight peeling. Use a moisturising cream from the start of treatment
- Skin becomes more fragile and redder than usual, especially the face
- Back pain; muscle pain; joint pain particularly in children and teenagers. To avoid making any bone or muscle problems worse, cut down on intensive physical activity while you're on SUPATANE.
- Inflammation of the eye (conjunctivitis) and eyelid area; eyes feel dry and irritated. Ask a pharmacist for suitable eye drops. If you get dry eyes and wear contact lenses, you may need to wear glasses instead.
- Raised liver enzymes seen in blood tests.
- Changed levels of fats in the blood (including HDL or triglycerides).
- Bruising, bleeding or clotting more easily - if clotting cells are affected.
- Anaemia – weakness, dizziness, pale skin – if red blood cells are affected.
- Headache.
- Higher levels of cholesterol in the blood.
- Protein or blood in the urine.
- More liable to get infections - if the white blood cells are affected.
- Inside of the nose becomes dry and crusted, causing mild nosebleeds.
- Sore or inflamed throat and nose.
- Allergic reactions such as rash, itchiness. If you have any allergic reaction, stop taking SUPATANE and contact your doctor

Less frequent side effects:
- Hair loss (alopecia). This is usually only temporary. Your hair should return to normal after the treatment ends.
- You may see less well at night; colour blindness and colour vision gets worse.
- Sensitivity to light may increase; you may find that you need to wear sunglasses to protect your eyes from too bright sunlight.
- Other sight problems including blurred vision, distorted vision, cloudy surface on the eye (corneal opacity, cataracts).
- Excessive thirst; frequent need to urinate; blood tests show an increase in your blood sugar. These can all be signs of diabetes.
- Acne can get worse in the first few weeks, but symptoms should improve with time.
- Skin inflamed, swollen, and darker than usual, especially on the face.
- Excess sweating or itching.
- Arthritis; bone disorders (delayed growth, extra growth and changes to bone density); growing bones may stop growing.
- Calcium deposits in soft tissue, sore tendons, high levels of muscle breakdown products in your blood if you exercise vigorously.
- Increased sensitivity to light.
- Bacterial infections at the base of the nail, changes to nails.
- Thickened scarring after surgery.
- Increased body hair.
- Convulsions, drowsiness, dizziness.
- Lymph glands may become swollen.
- Dry throat, hoarseness.
- Hearing difficulties.
- Generally feeling unwell.
- High levels of uric acid in the blood.

If you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

Reporting of side effects
If you get side effects, talk to your health care provider. You can also report side effects to SAHPRA via the **"6.04 Adverse Drug Reaction Reporting Form"**, found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8. By reporting side effects, you can help provide more information on the safety of SUPATANE.

5. How to store SUPATANE
Store all medicines out of reach of children.
Store at or below 25 °C.
Store in the original package in order to protect from light and moisture.
Return all unused medicine to your pharmacist.
Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

6. Contents of the pack and other information
What SUPATANE contains
The active substance is isotretinoin.
The other ingredients are:
Capsule content: sorbitane oleate, soya-bean oil refined, stearoyl macrogolglycerides
Capsule cap: gelatin, indigocarmine (E132), titanium dioxide (E171), yellow iron oxide (E172)
Capsule body: gelatin, titanium dioxide (E171)

What SUPATANE looks like and contents of the pack
SUPATANE 8 mg & 16 mg capsules are packaged in thermosealed blisters that consist of white PVC foil and aluminium foil.
Packed in blisters containing 7, 14, 10 capsules.
Blisters are packed in boxes containing 28, 30, 56, 60 capsules.
Not all pack sizes may be marketed.

HOLDER OF CERTIFICATE OF REGISTRATION
Austell Pharmaceuticals (Pty) Ltd
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This leaflet was last revised in
23 August 2022

REGISTRATION NUMBER
SUPATANE 8 mg: 51/13.4.2/0006
SUPATANE 16 mg: 51/13.4.2/0007

Pasiëntinligtingsblad

> **WAARSKUWING**
> **SUPATANE VEROORSAAK ERGE GEBOORTEDEFEKTE**
> **Vroue moet effektiewe voorbehoedmiddels gebruik**
> **Moenie gebruik indien u swanger is of dink u kan swanger wees nie.**

SKEDULERINGSTATUS

S5

SUPATANE 8 mg harde gelatienkapsule
SUPATANE 16 mg harde gelatienkapsule
Isotretinoïen
Suikervry

Dit is 'n kriminele daad om SUPATANE aan enige persoon te gee wat nie 'n geldige voorskrif het nie. Lees asseblief hierdie inligtingsblad sorgvuldig deur voordat u SUPATANE kapsules gebruik. Hierdie inligtingsblad verskaf nie al die inligting wat bekend is oor SUPATANE kapsules nie. Indien u enige vrae het of bekommerd is oor enige van hierdie inligting, raadpleeg asseblief u dokter of apteker.

Lees hierdie hele inligtingsblad noukeurig deur voordat u SUPATANE neem
- Hou hierdie inligtingsblad. Dit mag nodig wees dat u dit weer moet lees.
- Indien u nog vrae het, vra asseblief vir u gesondheidsorgkundige.
- SUPATANE is vir u persoonlik voorgeskryf en u moenie u medisyne met enige ander persoon deel nie. Dit kan hulle skaad selfs al is hulle simptome dieselfde as u s'n.
- Praat met u gesondheidsorgkundige indien u newe-effekte ervaar. Dit sluit in enige moontlike newe-effekte wat nie in hierdie inligtingsblad gelys word nie. Sien afdeling 4.

Wat hierdie inligtingsblad bevat
1. Wat SUPATANE is en waarvoor dit gebruik word
2. Wat u moet weet voordat u SUPATANE neem
3. Hoe om SUPATANE te neem
4. Moontlike newe-effekte
5. Hoe om SUPATANE te berg
6. Inhoud van die pak en ander inligting

1. Wat SUPATANE is en waarvoor gebruik word
SUPATANE bevat isotretinoïen – 'n aktiewe bestanddeel verwant aan vitamien A, en een van 'n groep medisyne genaamd retinoïede (vir die behandeling van aknee).

SUPATANE word gebruik vir die behandeling van ernstige tipes aknee (soos nodulêre of konglobaat-aknee, of aknee wat die risiko loop om permanente littekens te veroorsaak) by volwassenes en adolessente vanaf 12 jarige ouderdom eers na puberteit.
U sal SUPATANE gebruik indien u aknee nie beter geword het met anti-aknee-behandelings nie, insluitend antibiotika en velbehandelings.

SUPATANE behandeling moet onder toesig wees van 'n dermatoloog ('n dokter wat in die behandeling van velprobleme spesialiseer).

2. Wat u moet weet voordat u SUPATANE neem
Moenie SUPATANE neem
- Indien u swanger is of borsvoed
- Indien daar enige kans is dat u swanger kan raak, moet u die voorsorgmaatreëls onder "Swangerskapvoorkomingsprogram" volg, sien afdeling oor "Waarskuwings en voorsorgmaatreëls"
- Indien u hipersensitief (allergies) teenoor isotretinoïen, grondboontjiebotter of soja of enige ander bestanddele van hierdie medisyne is (gelys in afdeling 6)
- Indien u lewersiekte het
- Indien u baie hoë vlakke van bloedvette het (bv. hoë cholesterol of trigliseriede)
- Indien u baie hoë vlakke van vitamien A in u liggaam het (hipervitaminose A)
- Indien u terselfdertyd behandeling met tetrasikliene ('n tipe antibiotika) ontvang (sien "Ander medisyne en SUPATANE")

Indien enige van hierdie op u van toepassing is, gaan terug na u dokter voordat u enige SUPATANE neem.

Waarskuwings en voorsorgmaatreëls
Spesiale sorg moet geneem word voordat u SUPATANE neem:
Indien u al vantevore enige soort geestesgesondheidsprobleme gehad het. Dit sluit depressiewiteit, aggressiewe neigings of gemoedsveranderinge in. Dit sluit ook gedagtes oor om uself seer te maak of om u lewe te beëindig. Dit is omdat u bui beïnvloed kan word terwyl u SUPATANE neem.

Swangerskapvoorkomingsprogram

> **Moenie SUPATANE gebruik indien u swanger is, beplan om swanger te word of borsvoed nie.**
> - **SUPATANE veroorsaak ernstige geboortedefekte. Indien u vrugbare potensiaal het, moet u twee betroubare voorbehoedmetodes gebruik terwyl u SUPATANE gebruik, begin een maand voordat SUPATANE terapie begin word en hou aan vir een maand nadat SUPATANE gestaak is.**
> - **SUPATANE terapie moet op die derde dag van menstruasie begin. 'n Swangerskapstoets word 2 weke voor die aanvang van behandeling gedoen en kan tydens SUPATANE behandeling gedoen word.**
> - **Indien u enige potensiaal het vir swangerskap, moet u die Toestemmingsvorm onderteken voordat u met SUPATANE terapie begin.**
>
> **LET WEL: Indien u swanger raak terwyl u SUPATANE neem, is daar 'n hoë risiko van ernstige geboortedefekte by u baba.**

Neem asseblief kennis dat u dokter vir u die volgende inligting saam met u voorskrif moet gee:
Pasiëntinligtingsblad
Brosjure oor Geboortebeperking
Vroulike pasiëntinligting en toestemmingsvorm

Vroue wat swanger is, moenie SUPATANE neem nie
Hierdie medisyne kan 'n ongebore baba ernstig benadeel (daar word gesê dat die medisyne 'teratogeen' is) - dit kan ernstige abnormaliteite van die ongebore baba se brein, gesig, oor, oog, hart en sekere kliere (timusklier en paratiroïed) veroorsaak. Dit maak ook 'n miskraam meer waarskynlik. Dit kan gebeur selfs al word SUPATANE slegs vir 'n kort rukkie tydens swangerskap geneem.
- U moenie SUPATANE neem indien u swanger is of indien u vermoed dat u dalk swanger is nie
- U moenie SUPATANE neem indien u borsvoed nie. Die medisyne gaan waarskynlik in u melk oor en kan u baba beskadig
- U moenie SUPATANE neem indien u tydens behandeling swanger kan raak nie
- U moenie swanger raak vir een maand nadat u hierdie behandeling gestaak het nie, want sommige medisyne kan nog in u liggaam oorbly

Vroue wat swanger kan raak, word SUPATANE onder streng reëls voorgeskryf. Dit is as gevolg van die risiko van ernstige skade aan die ongebore baba.
Die reëls is as volg:
- U dokter moet die risiko van skade aan die ongebore baba verduidelik - u moet verstaan hoekom u nie swanger mag raak nie en wat u moet doen om te voorkom dat u swanger raak
- U moet met u gesondheidsorgkundige oor voorbehoeding (geboortebeperking) praat. Die dokter sal u inligting gee oor hoe om swangerskap te voorkom. Die dokter kan u na 'n spesialis stuur vir voorbehoedadvies
- Voordat u met behandeling begin, sal u dokter u vra om 'n swangerskapstoets af te lê. Die toets moet wys dat u nie swanger is wanneer behandeling met SUPATANE begin word nie

Vroue moet effektiewe kontrasepsie gebruik voor, tydens en na die neem van SUPATANE
- U moet instem om ten minste een baie betroubare metode van voorbehoedmiddel (byvoorbeeld 'n intra-uteriene toestel of voorbehoedinplantaat) te gebruik of, twee effektiewe metodes wat op verskillende maniere werk (byvoorbeeld 'n hormonale voorbehoedpil en 'n kondoom). Bespreek met u dokter of gesondheidsorgkundige watter metodes vir u geskik sal wees
- U moet voorbehoedmiddels gebruik vir 'n maand voor die neem van SUPATANE, tydens behandeling en vir 'n maand daarna
- U moet voorbehoedmiddels gebruik selfs al het u nie maandstonde of indien u nie seksueel aktief is nie (tensy u dokter of gesondheidsorgkundige besluit dat dit nie nodig is nie)

Vroue moet instem tot swangerskaptoetsing voor, tydens en na die neem van SUPATANE
- U moet instem tot gereelde opvolgbesoeke, verkieslik elke maand
- U moet instem om gereelde swangerskapstoetse te ondergaan, verkieslik elke maand tydens behandeling en, omdat sommige medisyne nog in u liggaam oorbly, 1 maand nadat u SUPATANE gestaak het (tensy u dokter of gesondheidsorgkundige besluit dat dit nie in u geval nodig is nie).
- U moet instem tot ekstra swangerskapstoetse indien u dokter of gesondheidsorgkundige u vra
- U moenie swanger raak tydens behandeling of vir 'n maand daarna nie, want van die medisyne kan nog in u liggaam oorbly
- U dokter of gesondheidsorgkundige sal al hierdie punte met u bespreek deur 'n kontrolelys te gebruik en sal u (of 'n ouer/voog) vra om dit te teken. Hierdie vorm bevestig dat u van die risiko's ingelig is en dat u die reëls hierbo sal volg

Indien u swanger raak terwyl u SUPATANE neem, hou dadelik op om die medisyne te neem en kontak u gesondheidsorgkundige. U dokter of gesondheidsorgkundige kan u na 'n spesialis stuur vir advies.

Ook, indien u swanger raak binne een maand nadat u opgehou het om SUPATANE te neem, moet u u gesondheidsorgkundige kontak. U dokter of gesondheidsorgkundige kan u na 'n spesialis stuur vir advies.

U dokter of gesondheidsorgkundige het geskrewe inligting oor swangerskapvoorkoming vir die gebruikers van SUPATANE wat aan jou gegee moet word.
'n Nuwe voorskrif is nodig vir meer behandeling. Elke voorskrif is slegs vir 7 dae geldig.

Raad vir mans
Die vlakke van orale retinoïed in die semen van mans wat SUPATANE neem, is te laag om hul maat se ongebore baba te benadeel. U moet egter nooit u medikasie met iemand deel nie.

Addisionele voorsorgmaatreëls
U moet nooit hierdie medisyne aan 'n ander persoon gee nie. Neem asseblief enige ongebruikte kapsules na u apteker aan die einde van behandeling.
U moenie bloed skenk tydens behandeling met hierdie medisyne en vir 1 maand nadat u SUPATANE gestaak het nie, want 'n ongebore baba kan benadeel word indien 'n swanger pasiënt u bloed ontvang.

Geestesgesondheidsprobleme
U mag dalk nie sekere veranderinge in u bui en gedrag opmerk nie en daarom is dit baie belangrik dat u u vriende en familie in kennis stel dat u hierdie medisyne gebruik. Hulle kan hierdie veranderinge opmerk en u help om enige probleme vinnig te identifiseer waaroor u met u dokter of gesondheidsorgkundige moet praat.

Raad vir alle pasiënte
- Stel u dokter in kennis indien u vantevore enige geestesongesteldheid gehad het (insluitend depressiewiteit, selfmoordgedrag of psigose), of indien u medisyne neem vir enige van hierdie toestande
- Ernstige velreaksies (bv. Erythema Multiforme (EM), Stevens-Johnson-sindroom (SJS) en toksiese epidermale nekrolise (TEN)) is aangemeld met die gebruik van isotretinoïen. Die uitslag kan vorder tot wydverspreide blase of afskilfering van die vel. U moet ook kyk vir sere in die mond, keel, neus, geslagsdele en konjunktivitis (rooi en geswelde oë)
- SUPATANE kan ernstige allergiese reaksies veroorsaak, waarvan sommige vel kan aantas in die vorm van ekseem, galbulte en kneusplekke of rooi kolle op arms en bene. Indien u 'n allergiese reaksie ontwikkel, hou op om SUPATANE te neem, soek dringend advies van 'n dokter of gesondheidsorgkundige en stel hom/haar in kennis dat u hierdie medisyne gebruik
- Verminder intensiewe oefening en fisieke aktiwiteit. SUPATANE kan spier- en gewrigspyn veroorsaak, veral by kinders en tieners wat strawwe fisiese aktiwiteit onderneem
- SUPATANE is geassosieer met inflammatoriese dermsiekte. U dokter of gesondheidsorgkundige sal u van SUPATANE afhaal indien u ernstige bloederige diarree het sonder enige geskiedenis van gastroïntestinale afwykings
- SUPATANE kan droë oë, onverdraagsaamheid teenoor kontaklense en visuele probleme insluitende verswakte nagvisie veroorsaak. Stel u dokter of gesondheidsorgkundige in kennis indien u enige van hierdie simptome het. U dokter of gesondheidsorgkundige kan u vra om smeeroogsalf of traanvervangingsterapie te gebruik. Indien u kontaklense gebruik en u onverdraagsaamheid teenoor kontaklense ontwikkel, kan u aangeraai word om tydens die behandeling 'n bril te dra.
- Goedaardige intrakraniale hipertensie is aangemeld met SUPATANE gebruik en in sommige gevalle waar SUPATANE saam met tetrasikliene ('n tipe antibiotika) gebruik is. Hou op om SUPATANE te neem en soek dringend advies by u dokter of gesondheidsorgkundige indien u simptome soos hoofpyn, naarheid, braking en visuele versteurings ontwikkel. U dokter of gesondheidsorgkundige kan u na 'n spesialis verwys om te kyk vir swelling van optiese skyf in die oog (papilloedeem)
- SUPATANE kan lewerensiemvlakke verhoog. U dokter of gesondheidsorgkundige sal bloedtoetse doen voor, tydens en na SUPATANE behandeling om hierdie vlakke te kontroleer. Indien dit hoog bly, kan u dokter of gesondheidsorgkundige u dosis verlaag of u van SUPATANE afhaal
- SUPATANE verhoog gewoonlik bloedvette, soos cholesterol of trigliseriede. U dokter of gesondheidsorgkundige sal hierdie vlakke toets voor, tydens en na SUPATANE behandeling. Dit is die beste dat u nie alkoholiese drankies drink nie of dat u ten minste die hoeveelheid wat u gewoonlik drink verminder terwyl u op behandeling is. Stel u dokter of gesondheidsorgkundige in kennis indien u reeds hoë bloedvette, diabetes (hoë bloedsuikers) het, oorgewig of 'n alkoholis is. U sal dalk meer gereeld bloedtoetse nodig hê. Indien u bloedvette hoog bly, kan u dokter of gesondheidsorgkundige u dosis verlaag, of u van SUPATANE afhaal
- Stel u dokter of gesondheidsorgkundige in kennis indien u enige nierprobleme het. U dokter of gesondheidsorgkundige kan u met 'n laer dosis SUPATANE begin en dit dan verhoog tot die maksimum toleransie dosis
- U dokter of gesondheidsorgkundige kan bloedsuikervlakke tydens behandeling monitor, veral indien u reeds diabetes het, oorgewig is of 'n alkoholis is
- U vel sal waarskynlik droog word. Gebruik 'n velbevogtigende salf of room en 'n lipsalf tydens behandeling. Om velirritasie te voorkom, moet u vermy om afskilferende of anti-aknee produkte te gebruik
- Vermy te veel son en moenie 'n sonlamp of sonbed gebruik nie. U vel kan meer sensitief word vir sonlig. Voordat u in die son uitgaan, gebruik 'n sonbeskermingsproduk met 'n hoë beskermingsfaktor (SBF 15 of hoër)
- Moenie enige kosmetiese velbehandelings hê nie. SUPATANE kan u vel brooser maak. Moenie enige waks (haarverwydering), dermabrasie of laserbehandelings (verwydering van geil vel of littekens) tydens behandeling, of vir ten minste 6 maande na behandeling, ondergaan nie. Dit kan littekens, velirritasie of selde veranderinge in die kleur van u vel veroorsaak

Kinders en adolessente
Die gebruik van SUPATANE by kinders onder die ouderdom van 12 word nie aanbeveel nie. Dit is omdat dit nie bekend is of dit veilig of effektief in hierdie ouderdomsgroep is nie.
Gebruik by adolessente ouer as 12 jaar slegs na puberteit.

Ander medisyne en SUPATANE
Stel altyd u gesondheidsorgkundige in kennis indien u enige ander medisyne gebruik (dit sluit komplementêre en tradisionele medisyne in).
- Moenie vitamien A-aanvullings of tetrasikliene ('n tipe antibiotika) neem of enige velbehandelings vir aknee gebruik terwyl u op SUPATANE is nie.
- Dit is goed om bevogtigers en versagmiddels (velrome of preparate wat waterverlies voorkom en 'n versagtende effek op die vel het) te gebruik.
- Vermy die gebruik van aktuele keratolitiese of afskilfermiddels teen aknee terwyl u op SUPATANE is, aangesien die gebruik daarvan saam velirritasie kan vererger.

SUPATANE met voedsel en drank
Dit is die beste om alkohol te vermy terwyl u isotretinoïenkapsules neem, of ten minste die hoeveelheid wat u drink tot 'n minimum te beperk. Dit is omdat daar 'n risiko van skade aan u lewer is.

Swangerskap en borsvoeding
Indien u swanger is, vermoed u is swanger of beplan om 'n baba te hê, raadpleeg asseblief u dokter of gesondheidsorgkundige om advies voordat u hierdie medisyne neem.
Vir meer inligting oor voorbehoeding, swangerskap en borsvoeding, sien afdeling 2 "Swangerskapvoorkomingsprogram".

Motorbestuur en gebruik van masjinerie
U sal dalk nie so goed sien in die nag tydens u behandeling nie. Dit kan skielik gebeur. In seldsame gevalle het dit voortgegaan nadat die behandeling gestaak is. Lomerigheid en duiseligheid is baie selde aangemeld. Indien dit met u gebeur, moet jy nie motorbestuur of masjinerie gebruik nie.

Belangrike inligting oor sommige van die bestanddele van SUPATANE
SUPATANE bevat sojaboonolie. Indien u allergies is vir grondboontjies of soja, moenie SUPATANE gebruik nie.

3. Hoe om SUPATANE te neem
Moenie medisyne wat aan u voorgeskryf is met enige ander persoon deel nie.

Neem altyd SUPATANE presies soos deur u dokter of gesondheidsorgkundige aan u voorgeskryf is. Raadpleeg u dokter of gesondheidsorgkundige indien u nie seker is nie.

Die gewone dosis, tensy anders aanbeveel deur u dokter of gesondheidsorgkundige is 0,4 mg per kilogram liggaamsgewig per dag (0,4 mg/kg/dag). Dus, indien u 60 kg weeg, begin u dosis gewoonlik by 24 mg per dag.

Indien u ernstige nierprobleme het, sal u gewoonlik met 'n laer dosis (soos 8 mg/dag) begin wat verhoog sal word tot die hoogste dosis wat u liggaam kan verdra. Indien u liggaam nie die aanbevole dosis kan verdra nie, kan u 'n laer dosis voorgeskryf word: dit kan beteken dat u langer behandel word en u aknee kan meer geneig wees om terug te kom.

Duur van behandeling
U dokter of gesondheidsorgkundige sal u sê hoe lank u behandeling met SUPATANE gaan duur.
'n Kursus van behandeling duur gewoonlik 16 tot 24 weke. Die meeste pasiënte benodig net een kursus. U aknee kan vir tot 8 weke na behandeling aanhou verbeter. U sal gewoonlik nie 'n ander kursus begin tot dan nie.
Sommige mense vind hul aknee vererger gedurende die eerste weke van behandeling. Dit verbeter gewoonlik namate behandeling voortduur.

Na 'n paar weke kan u dokter of gesondheidsorgkundige u dosis aanpas. Dit hang af van hoe u op u medisyne reageer. Vir die meeste pasiënte sal die dosis tussen 0,4 en 0,8 mg/kg/dag wees. Indien u onder die indruk is dat die effek van SUPATANE te sterk of te swak is, stel u gesondheidsorgkundige in kennis.

Metode van toediening
Neem die kapsules een of twee keer per dag.
Neem op 'n vol maag (verkieslik na u hoofmaaltyd). Sluk dit heel, met vloeistof of 'n mondvol kos.

Indien u meer SUPATANE neem as wat u moes
Ingeval van 'n oordosis, raadpleeg u gesondheidsorgkundige. Indien nie een beskikbaar is nie, kontak die naaste hospitaal of vergiftigingsentrum.

Indien u vergeet om SUPATANE te neem
Indien u 'n dosis mis, neem dit so gou as wat u kan. Indien dit egter amper tyd is vir u volgende dosis, slaan die gemiste dosis oor en gaan voort soos voorheen. Moenie 'n dubbele dosis (twee dosisse naby mekaar) neem nie.

4. Moontlike newe-effekte
SUPATANE kan newe-effekte hê.

Nie alle newe-effekte wat vir SUPATANE aangemeld is, is in hierdie inligtingsblad ingesluit nie. Sommige van die newe-effekte wat verband hou met die gebruik van isotretinoïen hou verband met die dosis.

Indien enige van die volgende gebeur, moet u ophou om SUPATANE te neem en onmiddellik u dokter of gesondheidsorgkundige in kennis stel, of na die ongevalle afdeling by u naaste hospitaal gaan:
- swelling van die hande, voete, enkels, gesig, lippe en mond of keel, wat dit moeilik kan maak om te sluk of asem te haal,
- skielike benoude bors, asemnood en hyging, veral indien u asma het,
- uitslag of jeuk,
- floute,
- ernstige veluitslag ook genoem erythema multiforme, Stevens-Johnson-sindroom, en toksiese epidermale nekrolise, wat potensieel lewensgevaarlik is en onmiddellike mediese aandag vereis. Dit verskyn aanvanklik as sirkelvormige kolle, dikwels met sentrale blase, gewoonlik op arms en hande of bene en voete, meer ernstige uitslag kan blase op die bors en rug insluit. Bykomende simptome soos infeksie van die oog (konjunktivitis) of sere van die mond, keel of neus kan voorkom. Ernstige vorme van uitslag kan vorder tot wydverspreide afskilfering van die vel wat lewensgevaarlik kan wees. Hierdie ernstige veluitslag word dikwels voorafgegaan deur hoofpyn, koors, lyfseer (griepagtige simptome),
- sommige mense het gedagtes gehad om hulself seer te maak of om hul eie lewens te beëindig (selfmoordgedagtes), het probeer om hul eie lewens te beëindig (poging tot selfmoord), of het hul lewens beëindig (selfmoord).

Hierdie is baie ernstige newe-effekte. Indien u dit ondervind, mag u 'n ernstige reaksie teenoor SUPATANE toon. U mag dringende mediese aandag of hospitalisasie benodig.

Stel onmiddellik u dokter in kennis of gaan na die ongevalle afdeling by u naaste hospitaal indien u een van die volgende opmerk:
- bestaande depressiewiteit vererger,
- gewelddadig of aggressief word,
- probleme om arms of bene te beweeg, pynlike, geswelde, gekneusde dele van die liggaam, donkerkleurige urine, verminderde of geen urienproduksie, verwarring of dehidrasie. Dit is tekens van rabdomiolise,
- moeilikheid om te urineer (water deurlaat), geswelde en opgeswelde ooglede, oormatige moegheid. Dit kan tekens van nierontsteking wees,
- blywende hoofpyn, tesame met naarheid, braking en verandering in u sig, insluitend belemmerde visie. Dit kan tekens wees van benigne intrakraniale hipertensie, veral as SUPATANE saam met antibiotika genaamd tetrasikliene geneem word,
- erge buikpyn (maagseer), met of sonder erge bloederige diarree, naarheid en braking. Dit kan tekens wees van ernstige dermtoestande,
- belemmerde visie.

Hierdie is alles baie ernstige newe-effekte. U mag dringende mediese aandag benodig.

Sê vir u dokter indien u enige van die volgende opmerk:
Dikwelse newe-effekte:
- Droogheid van die vel, veral van die lippe en gesig; ontsteekte vel, gebarste en ontsteekte lippe, uitslag, ligte jeuk en effense afskilfering. Gebruik 'n bevogtigende room vanaf die begin van behandeling
- Vel word brooser en rooier as gewoonlik, veral die gesig
- Rugpyn; spierpyn; gewrigspyn veral by kinders en tieners. Om te verhoed dat enige been- of spierprobleme vererger, verminder intensiewe fisieke aktiwiteit terwyl u op SUPATANE is.
- Ontsteking van die oog (konjunktivitis) en ooglidarea; oë voel droog en geïrriteerd. Vra 'n apteker vir geskikte oogdruppels. Indien u droë oë kry en kontaklense dra, moet u dalk eerder 'n bril dra.
- Verhoogde lewerensieme wat in bloedtoetse gesien word.
- Veranderde vlakke van vette in die bloed (insluitend HDL of trigliseriede).
- Makliker kneusing, bloeding of stolling - as stollingselle aangetas word.
- Bloedarmoede – swakheid, duiseligheid, bleek vel – as rooibloedselle aangetas word.
- Hoofpyn.
- Hoër vlakke van cholesterol in die bloed.
- Proteïen of bloed in die urine.
- Meer geneig om infeksies te kry - as die witbloedselle aangetas is.
- Binnekant van die neus word droog en kors, wat ligte neusbloeding veroorsaak.
- Seer of ontsteekte keel en neus.
- Allergiese reaksies soos uitslag, jeuk. Indien u enige allergiese reaksie het, hou op om SUPATANE te neem en kontak u dokter.

Minder dikwelse newe-effekte:
- Haarverlies (alopecia). Dit is gewoonlik net tydelik. U hare behoort na normaal terugkeer nadat die behandeling beëindig is.
- U kan snags minder goed sien; kleurblindheid en kleurvisie word erger.
- Sensitiwiteit vir lig kan toeneem; u mag vind dat u 'n sonbril moet dra om u oë teen te helder sonlig te beskerm.
- Ander sigprobleme, insluitend belemmerde visie, verwronge visie, dowwe oppervlak op die oog (korneale ondeursigtigheid, katarakte).
- Oormatige dors; gereelde behoefte om te urineer; bloedtoetse toon 'n toename in u bloedsuiker. Dit kan almal tekens van diabetes wees.
- Aknee kan in die eerste paar weke erger word, maar simptome behoort mettertyd te verbeter.
- Vel ontsteek, geswel en donkerder as gewoonlik, veral op die gesig.
- Oormatige sweet of jeuk.
- Artritis; beenafwykings (vertraagde groei, ekstra groei en veranderinge in beendigtheid); groeiende bene kan ophou groei.
- Kalsiumneerslae in sagte weefsel, seer tendons, hoë vlakke van spierafbreekprodukte in u bloed indien u kragtig oefen.
- Verhoogde sensitiwiteit vir lig.
- Bakteriese infeksies aan die basis van die nael, veranderinge aan naels.
- Verdikte littekens na operasie.
- Verhoogde liggaamshare.
- Stuiptrekkings, lomerigheid, duiseligheid.
- Limfkliere kan geswel word.
- Droë keel, heesheid.
- Gehoorprobleme.
- Oor die algemeen onwel voel.
- Hoë vlakke van uriensuur in die bloed.

Stel asseblief u dokter of apteker in kennis indien u enige newe-effekte opmerk wat nie in hierdie inligtingsblad genoem word nie.

Rapportering van newe-effekte
Indien u newe-effekte ervaar, praat met u dokter of apteker. U kan ook newe-effekte rapporteer aan SAHPRA via die **"6.04 Adverse Drug Reaction Reporting Form"**, aanlyn beskikbaar onder SAHPRA se publikasies: https://www.sahpra.org.za/Publications/Index/8. Deur newe-effekte te rapporteer, kan u help om meer inligting rakende die veiligheid van SUPATANE te verskaf.

5. Hoe om SUPATANE te berg
Bewaar alle medisyne buite bereik van kinders.
Bewaar teen of benede 25 °C.
Bewaar in die oorspronklike verpakking om teen lig en vog te beskerm.
Besorg alle ongebruikte medisyne terug aan u apteker.
Moenie ongebruikte medisyne in die dreinering- of rioolstelsel (bv. toilette) weggooi nie.

6. Inhoud van die pak en ander inligting
Wat SUPATANE bevat
Die aktiewe bestanddeel is isotretinoïen.
Die ander bestanddele is:
Kapsule inhoud: sorbitaanoleaat, verfynde sojaboonolie, stearieI makrogolgliseriede
Kapsuledop: gelatien, indigokarmien (E132), titaandioksied (E171), geel ysteroksied (E172)
Kapsule hoofdeel: gelatien, titaandioksied (E171)

Hoe SUPATANE lyk en die inhoud van die pak
SUPATANE 8 mg & 16 mg kapsules word verpak in termoverseëlde stulpstroke wat bestaan uit wit PVC foelie en aluminium foelie.
Verpak in stulpstroke wat 7, 14, 10 kapsules bevat.
Stulpstroke is verpak in bokse wat 28, 30, 56, 60 kapsules bevat.
Nie alle pakgroottes word bemark nie.

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