Implications of New Isotretinoin Registry

Beginning at the end of this year, a registry system will be implemented for the use of isotretinoin. Inspired by the registry for thalidomide, this new system, called *iPLEDGE*™, has the potential to profoundly affect the ability of dermatologists to use this important drug. Although this registry system is designed to improve safety, it also makes the point that the US Food and Drug Administration (FDA) feels physicians and pharmacists are unable to use isotretinoin wisely and therefore must be supervised.

Systemic isotretinoin was first approved by the FDA in 1982 for cystic acne and can certainly be considered one of the major advances in dermatology over the last 20 years. Results of animal testing suggested a teratogenic effect, and in 1983 the first birth defect from clinical use was reported. Since then, many efforts have been made to avoid this tragic side effect. In 2002, a program was introduced with the goal of reducing the number of women who become pregnant while taking isotretinoin to zero. This program, named the *System to Manage Accutane Related Teratogenicity* (S.M.A.R.T.®), required physicians to affix yellow stickers to the isotretinoin prescription. The prescription needed to be filled within 7 days and only provided a 1-month supply of pills. Unfortunately, this program could not enforce the recommendations for adequate patient counseling, 2 forms of birth control, and documented pregnancy tests for female patients. In addition, it could not stop male patients from sharing their prescriptions with female friends. In short, the program was ineffective, and the annual number of women who became pregnant while taking isotretinoin did not decrease.

The goal of the iPLEDGE program is to make such recommendations mandatory. It requires that patients, pharmacists, and physicians complete specific steps to get a prescription for isotretinoin filled. To prescribe isotretinoin, physicians must participate in iPLEDGE, go to the iPLEDGE Web site, and register the patient. For female patients, physicians must provide confirmation of 2 negative pregnancy test results, one by a certified lab. Patients must go online or call an 800 number to receive information about the drug, including the "risk" of suicide and depression. Female patients need to confirm that they are using 2 forms of birth control and have a monthly pregnancy test thereafter before prescriptions can be refilled. The prescription can only be filled at participating pharmacies that must check online for the patient's registration and confirmation of negative pregnancy test results. The prescription must be filled within 7 days and only for a 1-month supply.

At this point, it is unclear to me how much of a "hassle" these new requirements will create and, in turn, if it will discourage the use of this important drug. Certainly, large pharmacy chains will streamline the process and become efficient at confirming patient information online. Large practices, such as academic programs with resident physicians who can be assigned to this task, will have the resources to comply. I am uncertain how small practices with limited personnel will meet these demands. It occurs to me to wonder: why this drug? Physicians prescribe many medications with dangerous and profound side effects that include cardiac drugs, chemotherapy agents, and narcotic analgesics. Physicians are trusted to use these drugs judiciously without FDA supervision.

Nonetheless, registry for isotretinoin is going forward, and it is my hope that compliance will be easy enough that patients will continue to have access to this important medication. Information on the iPLEDGE program can be obtained from the FDA at www.FDA.gov/cder/drug/infopage/accutane/default.htm and on the Web site for the new program at www.ipledegeprogram.com.

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