165mm

155mm

disorder accompanied with hypocoagulability or anaemia.
An increased risk of postpartum disseminated intravascular coagulation has been described in patients whose labour has been induced by any physiological or pharmacological means.
The administration between mifepristone and misoprostol should be spaced 1-2 days, according to available information.

The risk of uterine rupture increases with gestational age. At gestational ages ≥ 14 weeks, caution should be exercised, and the maximum number of misoprostol doses in pregnant women with a previous uterine incision should be decided based on clinical judgment. Uterine rupture is rare, but healthcare providers should be prepared to manage it, especially in late pregnancy.
Patients should be warned about the occurrence of vaginal bleeding, sometimes prolonged and/or heavy, lasting 9 days or more after administration of misoprostol. Bleeding occurs in almost all cases and cannot be considered definitive proof of successful abortion.
When possible, Rh (Rhesus) group testing should be considered and administration of anti-D immunoglobulin when necessary to avoid Rh(D) isoimmunization in Rh(D) negative women.

DRUG INTERACTIONS
Acenocumarol: A possible inhibition of the anticoagulant effect has been observed, when it is used simultaneously with misoprostol.
Antacids: The antacids which contain magnesium may increase the frequency and intensity of diarrhea associated with misoprostol.
NSAIDs: In several studies a possible increase in toxicity at neurological level has been registered (phenylbutazone, naproxen) and abdominal pain or diarrhea (diclofenac, indomethacin).
Laxatives: Administration of laxatives together with misoprostol could lead to an intense diarrhea.

OVERDOSAGE
An overdose with Misogyn 200 may cause strong uterine contractions, hyperthermia, tachypnea, hypotension or bradycardia, palpitations, convulsions with shivers, agitation, abdominal pain and emesis. Doses up to 1600 micrograms have been well tolerated.
In the event of massive overdose, the supportive treatment will be symptomatic. There is no specific antidote. Standard measures for disposal will be taken and symptomatic treatment will be initiated. It is not known if misoprostol can be eliminated by hemodialysis, but taking into account that its metabolism produces a compound similar to fatty acids, this is unlikely.

HOW SUPPLIED
Misogyn 200mcg Vaginal tablet is available in blister pack of, 1x10's.

DOSAGE:
As directed by the physician.

Instructions:
Store below 30˚C in a dry place, protect from light.
To be dispensed on the prescription of a registered medical practitioner only.
Keep out of the reach of children.

ہدایات:
خوراک ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
دوا کو ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر روشنی سے بچا کر خشک جگہ پر رکھیں۔
بچوں کی پہنچ سے دور رکھیں۔ صرف رجسٹرڈ ڈاکٹر کے نسخے پر ہی فروخت کریں۔

Kaizen Pharmaceuticals (Pvt.) Ltd.

Manufactured by:
Kaizen Pharmaceuticals (Pvt.) Ltd.
E-127-129, North Western Industrial Zone,
Bin Qasim, Karachi-75020, Pakistan.

Misogyn

(Misoprostol)

200mcg Vaginal Tablet

میزوجن

(میزوپروسٹول)

۲۰۰ مائیکروگرام ویجائنل گولی

Composition:
Each tablet contains:
Misoprostol (as 1% HPMC Dispersion) …….....200mcg

WARNINGS

Do not use Misogyn 200mcg
- if you are allergic to misoprostol, prostaglandins
- if oxytocic drugs cannot be given or prolonged contractions of the uterus are considered inappropriate;
- For dilation of the non-gravid cervix prior to hysteroscopy or other gynecological procedures that require access to the uterine cavity: if you are pregnant or think you may be pregnant.
- for the treatment of incomplete miscarriage and incomplete induced abortion: In known or suspected ectopic pregnancy.

CLINICAL PHARMACOLOGY
Mechanism of Action:
Misoprostol is a synthetic prostaglandin E_1 analogue that has a longer duration of action than natural prostaglandins. It stimulates uterine contractions and promotes cervical softening and dilation, supporting its use in labor induction, pregnancy termination, management of miscarriage, and prevention or treatment of postpartum hemorrhage. Misoprostol also reduces gastric acid and pepsin secretion while increasing mucus and bicarbonate production, providing protective effects on the stomach lining. Additionally, it acts as a vasodilator, produces mild bronchodilation, and can improve renal blood flow in certain clinical situations.

PHARMACOKINETICS
Absorption
When administered vaginally, the bioavailability of misoprostol is three times greater than when administered orally. After vaginal administration, the plasma concentration of misoprostol gradually increases, reaching a maximum peak between 60 and 120 minutes later, and slowly declining to reach 61% of the maximum level 240 minutes after administration.
Furthermore, some studies suggest that the vaginal pH can modify the pharmacokinetics of misoprostol when it is administered using this route, and this can influence its degree of absorption, although the results are not conclusive.

Distribution
Misoprostol acid, the principal active metabolite of misoprostol, strongly bonds to plasma proteins, with values around 80 - 90%. The bond between drug and plasma proteins is independent of the plasma concentration of misoprostol or its metabolites when it is administered at therapeutical doses. Thus, misoprostol administration is not affected by the age of the patient or the concomitant administration of other drugs which also strongly bind to plasma proteins.

Biotransformation
Once absorbed, misoprostol undergoes intense and almost complete hepatic metabolism giving rise to metabolites such as its deacetylated derivative, which is

responsible for its activity. This acid metabolite undergoes additional metabolism by fatty acid oxidation systems (Beta and Omega oxidation), and then a later reduction of the ketone group generates compounds which are inactive.
Misoprostol does not induce or inhibit the cytochrome P450 oxidative enzyme system and thus it does not produce interactions with medicines such as theophylline, warfarin,benzodiazepines and other drugs which use this metabolism pathway.

Elimination
Misoprostol is largely eliminated by metabolism and subsequent excretion through the urine (73%), mainly as metabolites and less than 1% remains unaltered. Low quantities have been found in feces (15%), probably through biliary excretion.

SPECIAL POPULATION
In the absence of specific studies, it's not recommended the use of Misogyn 200 in patients with:
- Renal failure
- Hepatic failure
- Malnutrition

THERAPEUTIC INDICATIONS
Misogyn 200 is indicated:
• for cervical priming in non-pregnant women before a diagnostic hysteroscopy and/or surgery, or other gynecological procedures requiring access to the uterine cavity.
• management of spontaneous or induced abortion incomplete without complications, in monotherapy or in association with mifepristone.
The decision about the mode of management of incomplete abortion should be based on the individual's clinical condition and preference for treatment.

DOSAGE & ADMINISTRATION
To gently open (widen) the cervix in women who are not pregnant before a hysteroscopy or other procedures that need access to the inside of the uterus, the usual recommended dose of misoprostol is 400 micrograms. In cases without a medical history of previous caesarean or uterine scarring, it should be administrated in the uterus from 2 to 8 hours before. In cases with a medical history of previous caesarean or uterine scarring, it should be administrated in the uterus from 2 to 4 hours before.
- For the medical management of incomplete abortion with a uterine size lower than 14 weeks: use of 600 µg misoprostol, in monotherapy or 1-2 days after administration of mifepristone. Depending on clinical assessment and the different local recommendations or protocols 800 µg misoprostol may also be used. If necessary, additional doses can be administered after 24 hours.
- For the medical management of incomplete abortion with a uterine size of 14 weeks or higher: use of 400 µg misoprostol every three hours, in monotherapy or 1-2 days after administration of mifepristone. Misoprostol can be repeated at the noted interval as needed to achieve success of the abortion process.
Your doctor will decide, at gestational ages higher than 14 weeks, the maximum number of doses if you have a previous uterine incision.
The dose must be adapted to the patient's response and must always be maintained at the lowest levels which cause a satisfactory uterine response.
The administration route of Misopristol 200 is vaginal.

METHOD OF ADMINISTRATION
The route of administration for Misopristol 200 is vaginal.
The following recommendations of use must be followed:
- Wash the hands carefully.
- Take out the vaginal tablet from the blister.
- The patient must lie on her back with the knees touching the chest.

- With the tip of the middle finger, place the vaginal tablet into the vagina as deep as possible without causing discomfort.

ADVERSE REACTIONS
The adverse effects of Misopristol 200 are, in general, a prolongation of the pharmacological action.
The most common side effects are:
- Infections and infestations: endometritis and pelvic inflammatory disease
- Gastrointestinal disorders: nausea, vomits, diarrhoea and abdominal pain.
The following side effects has been described occasionally:
- Infections and infestations: sepsis and septic shock
- Blood and lymphatic system disorders: anaemia
- Immune system disorders: hypersensitivity reactions.
- Psychiatric disorders: syncope, neurosis.
- Nervous system disorders: dizziness, confusion, drowsiness, headache, trembling, anxiety.
- Eye disorders: visual disorders and conjunctivitis.
- Cardiac disorders: hypertension, hypotension, cardiac arrhythmia.
- Vascular disorders: phlebitis, oedema, thromboembolism.
- Respiratory, thoracic and mediastinal disorders: coughing, shortness of breath, bronchitis, pneumonia, epistaxis.
- Skin and subcutaneous tissue disorders: skin rash, exanthematous eruption, dermatitis, alopecia.
- Musculoskeletal disorders: athralgia, myalgia, cramps and muscular stiffness, back pain.
- Renal and urinary disorders: There have been cases of polyuria and haematuria.
- Pregnancy, puerperium and perinatal conditions: abnormal uterine contraction (increased frequency, tone or duration) with or without foetal bradycardia, uterine rupture, premature membrane rupture, premature detachment of the placenta, amnionitis, pulmonary embolism due to amniotic fluid, vaginal haemorrhage.
- Reproductive system and breast disorders: rarely dysmenorrhoea and vaginal haemorrhage appear.
- General disorders and administration site conditions: pyrexia, shivers and malaise.

CONTRAINDICATIONS
Administration of Misogyn 200 is contraindicated in the following situations:
- Hypersensitivity to misoprostol, to prostaglandins or to any of the excipients.
- Patients in whom oxytocic drugs are generally contraindicated or the prolonged uterine contractions are considered to be inappropriate.
- for the expansion of non-pregnant uterine cervix before a hysteroscopy or other gynecological procedures requiring access to the uterine cavity.
- Pregnancy or suspected pregnancy.
- Used to manage an incomplete miscarriage or incomplete abortion that has no complications, either alone or along with mifepristone.
- Known or suspected ectopic pregnancy.

PRECAUTIONS
Misogyn 200 shall be used with caution in patients with :
- Epilepsy or history of epilepsy.
- Renal and/or hepatic illness. In patients with moderate or serious renal and/or hepatic failure, an increase in AUC, Cmax and t1/2 has been observed, so in case of use in these patients a dosage adjustment will be necessary, although initially it is not recommended its use in these cases.
- Cardiovascular illness.
- Hypotension. Misoprostol could lead to arterial hypotension due to peripheral vasodilator effect of prostaglandins.
- History of caesarean section or major uterine surgery.
- In the event of a hemorrhage, special caution must be taken to patient with haemostatic