MR kit

1 **Mifetab** (Mifepristone INN 200 mg) Tablet
4 **Misotab** (Misoprostol BP 200 mcg) Tablet

COMPOSITION
Each pack contains 2 blister strips. **Mifetab strip:** single strip contains 1 tablet of Mifepristone INN 200 mg. **Misotab strip:** Single strip contains 4 tablets of Misoprostol BP 200 mcg each.

DESCRIPTION
MR Kit Contains 1 tablet of **Mifetab** (Mifepristone) 200 mg to be given orally and 4 tablets of **Misotab** (Misoprostol) 200 mcg each to be given buccally for early Menstrual Regulation or medical termination of pregnancy up to 9 weeks (63 days) of gestation.

PHARMACOLOGY
Mifetab: The anti-progestational activity of mifepristone results from competitive interaction with progesterone at progesternone-receptor sites. Based on studies with various oral doses in several animal species (mouse, rat, rabbit and monkey), the compound inhibits the activity of endogenous or exogenous progesterone and the termination of pregnancy results. During pregnancy, the compound sensitizes the myometrium to the contraction-inducing activity of prostaglandins. Mifepristone also exhibits antiglucocorticoid and weak antiandrogeic activity. **Misotab:** Prostaglandin E1 causes myometrial contractions by interacting with specific receptors on myometrial cells. This interaction results in a change in calcium concetration, thereby initiating muscle contraction. By interacting with prostaglandin receptors misoprostol causes the cervix to soften and the uterus to contract, resulting in the expulsion of the uterine contens.

INDICATION
MR Kit is indicated for early Menstrual Regulation up to 9 weeks (63 days) of gestation, i.e. for medical termination of pregnancy up to 9 weeks (63 days).

DOSAGE AND ADMINISTRATION
The dosage is **Mifetab (**mifepristone) 200 mg orally followed 1-3 days later by misoprostol 800 mcg (4 tablets of 200 mcg) buccally. Place 4 tablets (2+2) of **Misotab** (Misoprostol) between each cheek and gum. Wait for 30 minutes, swallow the remaining parts of the tablet with water. The patient should return for a follow-up visit approximately 14 days after the administration of **Mifetab** (Mifepristone). The misoprostol may be administered by a clinician or self-administered by the woman. This visit is very important to confirm by clinical examination or ultrasonographic scan that a complete termination of pregnancy has occurred. Patients who have an ongoing pregnancy at this visit have a risk of fetal malformation resulting from the treatment. Surgical termination is recommended to manage medical abortion treatment failures.

SIDE EFFECTS
The treatment procedure is designed to induce the vaginal bleeding and uterine cramping necessary to produce and abortion. Women typicallly experience abdominal pain, including uterine cramping. Other commonly reported side effects were nausea, vomiting and diarrhoea,Pelvic pain,fainting, headache, dizziness and asthenia occured rarely. Some adverse reactions reported during the four hours follwing administration of **Misotab**. After the third day of the treatment procedure, the number of reports of adverse reaction declined progressively, so by day 14, reports were rare except for reports of bleeding and spotting. Serious bacterial infection, bleeding from sepsis were also reported.

OVERDOSAGE
Mifetab : No serious adverse reactions were reported in tolerance studies in healthy non-pregnant female and healthy male subjects where mifepristone was administered in single doses greater than threefold of 600 mg for termination of pregnancy.If a patient ingests a massive overdose, she should be observed closely for signs of adrenal falillure. **Misotab**: Clinical signs that may indicate an overdose are sedation, tremor, convulsions, dyspnea, abdominal pain, diarrhoea, fever, palpitations, hypotension, or bradycardia.Symptoms should be treated with supportive therapy. It is not known if misoprostol acid is dialyzable. However, because misoprostol is metabolized like a fatty acid, it is unlikely that dialysis would be appropriate treatment for overdosage.

USE IN PREGNANCY & LACTATION
Pregnancy:Mifetab is indicated for use in the termination of pregnancy (through 63 days pregnancy) and has no other approved indication for use during pregnancy. Patients who have an ongoing pregnancy at the last visit have a risk of foetal malformation resulting from the treatment, Surgical terminatlion is recommended to manage medical abortion treatment failures.
Lactation: Mifetab: It is not known whether mifepristone is excreted in human milk. Many hormones with a similar chemical structure, however are excreted in breast milk. Since the effects of mifepristone on infants are unknown, breast feeding women should consult with their doctor to decide if they should discard their breast milk for a few days following administration of the medicatlions. **Misotab:** Although it is not known whether misoprostol or misoprostol acid is excreted in human milk, misoprostol should not be administered to nursing mothers because the potential exceetion of misoprostol acid could cause diarrhoea in nursing infants.

PAEDIATRIC USE
Safety and effectiveness of mifepristone and misoprostol in paediatric patients have not been established.

USE IN PATIENTS WITH HEPATIC IMPAIRMENT
Misotab: Patients with hepatic disease should receive a decreased dose.

USE IN PATIENTS WITH RENAL IMPAIRMENT
Misotab: No routine dosage adjustment is recommended in older patients or patients with renal impairment, but dosage may need to be reduced if the usual dose is not tolerated.

DRUG INTERACTIONS
Mifetab: Although specific drug or food interactions with mifepristone have not been studied, on the basis of this drug's metabolism by CYP3A4, it is possible that ketoconazole, itraconazole, erythromycin, and grapefruit juice may inhibit its metabolism (increasing serum levels of mifepristone). **Misotab:** Misoprostol has not been shown to interfere with the beneficial effects of aspirin on signs and symptoms of rheumatoid arthritis. Misoprostol does not exert clinically significant effects on the absorption, blood levels, and antiplatelet effects of therapeutic doses of aspirin.

WARNING AND PRECAUTIONS
General: The patient should not give **MR Kit** to anyone else. The **MR Kit** has been prescribed for the patient's specific condition, it may not be the correct treatment for another person, and may be dangerous to the other person if she is or were to become pregnant. Any intrauterine device ["IUD"] should be removed before treatment with mifepristone begins. Pregnancy termination by surgery is recommended in cases when **MR Kit** fails to cause termination of intrauterine pregnancy. Patients who have an ongoing pregnancy at last visit have a risk of foetal malformation resulting from the treatment. Surgical termination is recommended to manage medical abortion treatment failures. There are no data on the safety and efficacy of mifepristone in women with chronic medical conditions such as cardiovascular, hypertensive, hepatic, respiratory or renal diease; insulin-dependent diabetes mellitus; severe anaemia or heavy smoking. Women who are more than 35 years of age and who also smoke 10 or more cigarettes per day should be treated with caution. **Bleeding:** Vaginal bleeding occurs in almost all patients during the treatment procedure. In general the duration of bleeding and spotting increased as the duration of the pregnancy incerased. Normally it lasts for an average of 9 to 16 days. In some cases, excessive bleeding may require treatment by vasoconstrictor drugs, curettage, administration of saline infusion, and/or blood transfusions. Prolonged heavy bleeding may be a sign of incomplete abortion or other complications and requires prompt and immediate medical attention.

Confirmation of Pregnancy Termination
Patients should be scheduled for and return for a follow-up visit at approximately 14 days after administration of mifepristone to confirm that the pregnancy is completely terminated and to assess the degree of bleeding. Vaginal bleeding is not evidence of the termination of pregnancy. Termination can be confirmed by clinical examination or ultrasonographic scan. Lack of bleeding following treatment, however, usually indicates failure. Medical abortion failures should be managed with surgical termination.

INFECTIONS AND SEPSIS
Cases of serious bacterial infection, including very rare cases of fatal septic shock, have been reported. A sustained fever of 100.4 degree or higher, severe abdominal pain, or pelvic tenderness in the days after medical abortion may indicate infection. Atypical presentation of serious infection and sepsis without these symptoms but with significant leucocytosis, tachycardia or haemoconcentration can occur.

ECTOPIC PREGNANCY
MR Kit is contraindicated in confirmed or suspected ectopic pregnancy since it is not effective for terminating these pregnancies. There could be a possibility that a patient who is undergoing a medical abortion could have an undiagnosed ectopic pregnancy since some of the expected symptoms of a medical abortion may be similar to those of a ruptured ectopic pregnancy. Misoprostol: During the period immediately following the administration of misoprostol, the patient may need medication or cramps or gastrointestinal symptoms. The patient should be given instructions on what to do if significant discomfort, excessive bleeding or other adverse reactions occur and should be given a phone number to call if she has questions following the administration of misoprostol.

CONTRAINDICATIONS
Administration of mifepristone and misoprostol for the termination of pregnancy is contraindicated in patients with any one of the following conditions: History of allergy or Known hypersensitivity to mifepristone, misoprostol or other prostaglandins, Confirmed or suspected ectopic pregnancy or undiagnosed adnexal mass (the treatment procedure will not be effective to terminate an ectopic pregnancy),IUD in place, Chronic adrenal failure, Haemorrhagic disorders or concurrent anticoagulant therapy, Inherited porphyria, if a patient does not have adequate access to medical facilities equipped to provide emergency treatment of incomplete abortion, blood transfusions, and emergency resuscitation during the period from the first visit until discharged by the administering physician.

STORAGE
Store in a cool (below 25º C) and dry place, protected from light and moisture.
Keep out of the reach of the children.

PACKAGING
MR Kit : Each box contains 1 tablet of **Mifetab** (Mifepristone) in an Alu-Alu blister strip & 4 tablets of **Misotab** (Misoprostol) in another Alu-Alu blister strip.

Manufactured by
EURO Pharma Ltd.
In Pursuit of Excellence
385 West Jurain, Shyampur
Dhaka, Bangladesh