PROPESS® 10 mg vaginal delivery system

QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vaginal delivery system consists of a non-biodegradable polymeric drug delivery device containing 10 mg dinoprostone (Prostaglandin E2) dispersed throughout its matrix.

PHARMACEUTICAL FORM

Vaginal delivery system

PROPESS is presented as a thin, flat semi-opaque polymeric vaginal delivery system which is rectangular in shape with radiused corners contained within a knitted polyester retrieval system.

FERRING PHARMACEUTICALS

PM-3170

CLINICAL PARTICULARS

Therapeutic indications

PROPESS is indicated for initiation of cervical ripening in the late pregnancy (from 38 week of gestation)

Posology and method of administration

One vaginal delivery system is administered high into the posterior vaginal fornix.

If there has been insufficient cervical ripening in 24 hours, the vaginal delivery system should be removed.

A dosing interval of at least 30 minutes is recommended for the sequential use of oxytocin following the removal of the vaginal delivery system.

Administration: PROPESS should be removed from the freezer in direct connection with the insertion. The vaginal delivery system should be inserted high into the posterior vaginal fornix using only small amounts of water soluble lubricants to aid insertion. After the vaginal delivery system has been inserted, the withdrawal tape may be cut with scissors always ensuring there is sufficient tape outside the vagina to allow removal. No attempt should be made to tuck the end of the tape into the vagina as this may make retrieval more difficult.

The patient should be recumbent for 30 minutes to 30 minutes after insertion. As dinoprostone will be released continuously over a period of 24 hours, it is important to monitor uterine contractions and fetal condition at frequent regular intervals.

Removal

The vaginal delivery system can be removed quickly and easily by gentle traction on the retrieval tape.

It is necessary to remove the vaginal delivery system to terminate drug administration when cervical ripening is judged to be complete or for any of the reasons listed below:

i. Onset of labour. For the purposes of induction of labour with PROPESS, the onset of labour is defined as the presence of regular painful uterine contractions occurring every 3 minutes irrespective of any cervical change. There are two important points to note:

(i) Once regular, painful contractions have been established with PROPESS they will not reduce in frequency or intensity as long as PROPESS remains in site because dinoprostone is still being administered.

(ii) Patients, particularly multigravid, may develop regular painful contractions without any apparent cervical change. Effacement and dilatation of the cervix may not occur until uterine activity is established. Because of this, once regular painful uterine activity is established with PROPESS in-site, the vaginal delivery system should be removed irrespective of cervical state to avoid the risk of uterine hyperstimulation.

2. Spontaneous rupture of the membranes or amniotomy.

3. Any suggestion of uterine hyperstimulation or hypertonic uterine contractions.

4. Evidence of fetal distress.

5. Evidence of maternal systemic adverse dinoprostone effects such as nausea, vomiting, hypotension or tachycardia.

6. At least 30 minutes prior to starting an intravenous infusion of oxytocin.

The opening on one side of the retrieval device is present only to allow the manufacturer to enclose the vaginal delivery system into the retrieval device during manufacture. The vaginal delivery system should NEVER be removed from the retrieval device. On removal of the product from the vagina, the vaginal delivery system will have swollen to 2-3 times its original size and be pliable.

Contraindications

PROPESS should not be used or left in place:

1. When labour has started.

2. When oxytocic drugs are being given.

3. When strong prolonged uterine contractions would be inappropriate such as in patients:

a. Who have had previous major uterine surgery, e.g. caesarean section, myomectomy etc

b. With cephalopelvic disproportion

c. With fetal malpresentation

d. With suspicion or evidence of fetal distress

e. Who have had more than three full term deliveries

f. Previous surgery or rupture of the cervix

4. When there is current pelvic inflammatory disease, unless adequate prior treatment has been instituted.

5. When there is hypersensitivity to dinoprostone or to any of the excipients.

6 When there is placenta previa or unexplained vaginal bleeding during the current pregnancy

Special warnings and precautions for use

The condition of the cervix should be assessed carefully before PROPESS is used. After insertion, uterine activity and fetal condition must be monitored regularly. PROPESS must only be used if facilities for continuous fetal and uterine monitoring are available. If there is any suggestion of maternal or fetal complications or if adverse effects occur, the vaginal delivery system should be removed from the vagina. The experience of PROPESS in patients with ruptured membranes is limited. Therefore, PROPESS should be used with caution in those patients. Since the release of dinoprostone from the insert can be affected in the presence of amniotic fluid, special attention should be given to uterine activity and fetal condition. PROPESS should be used with caution in patients with a previous history of uterine hypertony, glaucoma or asthma. Medication with non-steroidal anti-inflammatory drugs, including acetylsalicylic acid, should be stopped before administration of dinoprostone.

If uterine contractions are prolonged or excessive, there is possibility of uterine hypertonus or rupture and the vaginal delivery system should be removed immediately.

Uterine rupture has been reported in association with the use of PROPESS, mainly in patients with contra-indicated conditions. Therefore, PROPESS should not be administered to patients with a history of previous caesarean section or uterine surgery given the potential risk for uterine rupture and associated obstetrical complications. PROPESS should be used with caution when there is a multiple pregnancy. No studies in multiple pregnancy have been performed. A second dose of PROPESS is not recommended, as the effects of a second dose have not been studied.

The use of the product in patients with diseases which could affect the metabolism or excretion of dinoprostone, e.g. lung, liver or renal disease, has not been specifically studied. The use of the product in such patients is not recommended. Women aged 35 and over, women with complications during pregnancy, such as gestational diabetes, arterial hypertension and hypothyroidism, and women at gestational age above 40 weeks have a higher post partum risk for developing disseminated intravascular coagulation (DIC). These factors may additionally enhance the risk of disseminated intravascular coagulation in women with pharmacologically induced labour. Therefore, dinoprostone and oxytocin should be used with caution in these women. In the immediate post-partum phase the physician should look out carefully for early signs of a developing DIC (e.g fibrinolysis).

Interaction with other medicinal products and other forms of interaction

Prostaglandins potentiate the uterotonic effect of oxytocic drugs. Therefore, PROPESS should not be used concurrently with the use of oxytocic drugs.

Pregnancy and lactation

PROPESS falls under C of pregnancy categories

The product is for the initiation of cervical ripening in pregnant patients at term only where labour induction is indicated.

PROPESS is not indicated for use during early or other phases of pregnancy or during lactation.

Effects on ability to drive and use machines

Not relevant.

Undesirable effects

Common: Abnormal labour affecting fetus, Fetal heart rate disorder, Fetal distress syndrome, Uterine hypertonus

Uncommon: Nausea, vomiting, diarrhoea

Rare: Disseminated intravascular coagulation, Uterine rupture

Very rare: Anaphylactic reaction, Genital oedema

Overdose

Overdosage or hypersensitivity may lead to hyperstimulation of the uterine muscle or fetal distress. The PROPESS vaginal delivery system should be removed immediately and the patient should be managed in accordance with local protocol.

PHARMACEUTICAL PARTICULARS

List of excipients

Hydrogel Polymer

prepared with: Macrogol 8000

Dicyclohexyl methane - 4, 4´- diisocyanate

1, 2, 6 – Hexanetriol

Incompatibilities

Not applicable

Shelf life

See outer carton

Special precautions for storage

Store in a freezer (-15 °C to -25 °C). Store in the original container in order to protect from moisture.

Special precautions for disposal

PROPESS should be removed from the freezer in direct connection with the insertion. After usage, the whole product should be disposed of as clinical waste.

Manufacturer

Ferring Controlled Therapeutics (Scotland) Ltd., UK

Marketing Authorisation Holder

Ferring GmbH

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THIS IS A MEDICINE

- A MEDICINE IS A PRODUCT WHICH AFFECTS YOUR HEALTH AND ITS CONSUMPTION CONTRARY TO INSTRUCTIONS IS DANGEROUS FOR YOU
- STRICTLY FOLLOW THE DOCTOR'S PRESCRIPTION, THE METHOD OF USE, AND THE INSTRUCTIONS OF THE PHARMACIST WHO SOLD THE MEDICINE.
- THE DOCTOR AND THE PHARMACIST ARE EXPERTS IN MEDICINE, ITS BENEFITS AND RISKS.
- DO NOT BY YOURSELF INTERRUPT THE PERIOD OR TREATMENT PRESCRIBED FOR YOU.
- DO NOT REPEAT THE SAME PRESCRIPTION WITHOUT CONSULTING YOUR DOCTOR.
- KEEP THE MEDICINE OUT OF REACH OF CHILDREN.

Council of Arab Health Ministers
Union of Arab Pharmacists