

PROSTIN® F2 ALPHA

Dinoprost 5mg/ml injection

Presentation

PROSTIN F2 ALPHA is a clear colourless sterile solution containing 5mg/ml dinoprost (as 6.71mg/ml dinoprost tromethamine) in 1ml ampoules.

Uses

Actions

Although the exact mode of action in pregnancy termination in humans is not fully defined, when PROSTIN F2 ALPHA is administered by the intravenous or intrauterine route it initiates rhythmical uterine contractions which, if continued for a sufficient time, are capable of expelling the contents of the uterus.

Sensitivity of the pregnant uterus to prostaglandins is lower during early and mid-pregnancy than at term.

While PROSTIN F2 ALPHA has been shown to be luteolytic in several animal species, it is unlikely that this is the principal mechanism involved when the drug is utilized in therapeutic termination of pregnancy in the human as described in this data sheet.

PROSTIN F2 ALPHA is also capable of inducing contractions of the smooth muscle of the intestinal tract. This action may be the cause of the vomiting and diarrhoea which are associated with the use of PROSTIN F2 ALPHA but this is yet to be shown conclusively.

In some animals and in man, large doses of PROSTIN F2 ALPHA can bring about an increase in blood pressure, probably due to its vasoconstrictive effects on vascular smooth muscle. At the doses recommended for the therapeutic termination of pregnancy, or for induction of labour, this effect has not been clinically significant.

Indications

PROSTIN F2 ALPHA Sterile Solution is indicated for term induction of labour and for evacuation of a third trimester foetal death in utero.

PROSTIN F2 ALPHA Sterile Solution is indicated for aborting a pregnancy between the 16th and 20th weeks of gestation as calculated from the first day of the last normal menstrual period.

Dosage and Administration

NOTE: At the present time these products should only be used in hospitals or in locations with facilities for emergency obstetric and gynaecological care.

Parenteral products should be inspected visually for particulate matter and discolouration prior to administration whenever solution and container permit.

1. For Abortion

A transabdominal tap of the amniotic sac should be accomplished with an appropriate sized needle and at least 1 ml of amniotic fluid should be withdrawn, then 40mg (8 ml) of PROSTIN F2 ALPHA (as

the tromethamine salt) is slowly injected into the amniotic sac. The first 5mg (1.0 ml) of PROSTIN F2 ALPHA should be injected very slowly and only if the amniotic tap fluid is clear (not blood tinged). If this procedure is followed, the chances of anaphylaxis occurring may be reduced; this should also reduce the chances of the inadvertent intravascular injection of a bolus of drug that might cause hypertension, bronchospasm or severe vomiting. If within 24 hours of the initial dose the abortion process has not been established or completed (and in the presence of intact membranes), an additional 10-40mg (2-8 ml) of PROSTIN F2 ALPHA (as the tromethamine salt) may be administered. Continuous administration of the drug for more than two days is not recommended.

2. For Term Labour Induction and/or Evacuation of a Third Trimester Death In Utero.

A 15 mcg/ml solution (in sterile normal saline or 5% dextrose in water) is infused intravenously at a rate of 2.5 mcg/minute for at least 30 minutes. This level may then be maintained if an appropriate uterine response has ensued or the dose may be increased by 2.5 mcg/minute every hour until a satisfactory uterine response has been reached, but a level of 20 mcg/minute should not be exceeded.

If hypertonus of the uterus develops with or without foetal bradycardia, the infusion should be discontinued and the situation reassessed before restarting the infusion at a lower rate.

If no response is seen within the first 12-14 hours of treatment, the medication should be discontinued.

Contraindications

1. Hypersensitivity to PROSTIN F2 ALPHA.
2. Acute pelvic inflammatory disease.
3. Patients with active cardiac, pulmonary, renal or hepatic disease.
4. Where PROSTIN F2 ALPHA is being used for term labour induction, the following are also contraindicated in patients in whom prolonged contractions of the uterus are inappropriate:
 - a) Patients with a history of previous Caesarian Section or major uterine surgery.
 - b) Patients with significant cephalopelvic disproportion.
 - c) Patients with a history of previous difficult labour and/or traumatic delivery.
 - d) Patients who are grand multipara (with six or more previous term pregnancies).
 - e) Patients with unexplained vaginal bleeding during the second or third trimester of this pregnancy.
 - f) Patients with pre-existing foetal distress.

Warnings and Precautions

1. General Precautions

Animal studies lasting several weeks at high doses have shown that prostaglandins of the E and F series can induce proliferation of bone. Such effects have also been noted in newborn infants who have received prostaglandin E1 during prolonged treatment. There is no evidence that short term administration of PROSTIN F2 ALPHA Sterile Solution can cause similar bone effects.

In patients with a history of asthma, glaucoma, raised intraocular pressure, hypertension, cardiovascular disease or history of epilepsy, PROSTIN F2 ALPHA should be used with caution.

2. Precautions when PROSTIN F2 ALPHA should be used for abortion.

- a) As with any oxytocic agent, PROSTIN F2 ALPHA should be used with caution in patients with compromised (scarred) uteri.

- b) As in spontaneous abortion, where the process is sometimes incomplete, PROSTIN F2 ALPHA induced abortion may sometimes be incomplete. In such cases, other measures should be taken to assure complete abortion.
 - c) Evidence from some animal studies has suggested that certain prostaglandins may have some teratogenic potential. Therefore, any failed pregnancy termination with PROSTIN F2 ALPHA should be completed by some other means.
3. Precautions when PROSTIN F2 ALPHA is being used for term labour induction and/or evacuation of a third trimester foetal death in utero.
- a) Foeto-pelvic relationships should be carefully evaluated before using PROSTIN F2 ALPHA.
 - b) During use, uterine activity, foetal status (where appropriate) and the progression of cervical effacement and dilatation should be carefully monitored to detect evidence of undesired responses, e.g. hypertonias, sustained uterine contractility and foetal distress. In cases where there is a known history of hypertonic uterine contractility or tetanic uterine contractions, it is recommended that uterine activity and the status of the foetus be continuously monitored throughout the induced labour. The possibility of uterine rupture should always be considered with high-tone uterine contractions are sustained.

Adverse Effects

A number of adverse reactions associated with the use of PROSTIN F2 ALPHA for abortion have been reported from the 7,862 patients studied in the NDA trials, from post marketing surveillance studies and from voluntary reports from physicians using the drug. The most commonly reported events were vomiting (in about one-half of the patients), nausea (in about one-fourth of the patients) and diarrhoea (in about one-fifth of the patients). Certain rare (less than 1/1000) but serious events should be especially noted; hypersensitivity to the drug, uterine rupture, and cardiac arrest.

Other adverse events reported in decreasing order of severity were:

1. Events occurring in approximately one to five percent of cases:
 - Blood Loss
 - Uterine infections
 - Fever
2. Events occurring in approximately 5/10,000 cases:
 - Disseminated intravascular coagulation
 - Hypovolemic Shock
 - Bronchospasm
 - Hypertension or hypotension
 - Perforation of the cervix
 - Headache
 - Dyspnoea
 - Urinary tract infections
 - Syncope or dizziness
 - Chills
 - Uterine Pain
 - Unspecified pain
 - Coughing
 - Tachycardia
 - Drowsiness
3. Events occurring less frequently than approximately 5/10,000 cases:
 - Pulmonary embolism
 - Perforated uterus-post instrumentation
 - Pelvic thrombophlebitis

Hypokalemia
Congestive heart failure
Second degree heart block
Ventricular arrhythmia
Aggravation of diabetes
Chest pain
Backache
Skin eruption
Paralytic ileus
Weakness
Bradycardia
Urinary incontinence
Dysuria
Haematuria
Unspecified muscle spasm
Urinary atony or hypertonicity
Hiccough
Malaise
Diplopia
Polydipsia
Hyperventilation
Burning sensation – eye
Burning sensation – breast
Pupil constriction
Paresthesias
Pruritus
Petechiae
Breast engorgement
Sweating
Nosebleed
Dehydration
Excitement
Cyanosis

In addition, other adverse reactions that have been seen with the use of PROSTIN F2 ALPHA for term labour induction have included:

1. Uterine hypercontractility with foetal bradycardia;
2. Uterine hypercontractility without foetal bradycardia
3. Low Apgar scores in the newborn.

Interactions

Concomitant use with other oxytocic agents is not recommended.

Overdosage

See under Warnings and Precautions 3(b) and under Adverse Effects.

Pharmaceutical Precautions

Store below 25° C

Medicine Classification

Prescription Medicine

Package Quantities

PROSTIN F2 ALPHA is available in ampoules of 1ml.

Further Information

PROSTIN is a registered trademark.

Diluent - Benzyl alcohol 0.9% in water for injection.

Name and Address

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