

MISOPROSTOL TO REPLACE GEMEPROST (CERVAGEM) FOR MANAGEMENT OF MISCARRIAGES AND MEDICAL TERMINATION OF PREGNANCY IN FIRST AND SECOND TRIMESTER

Cervagem pessary 1mg has been discontinued in Malaysia effective of 1st January 2023



Replaced by Tablet Misoprostol

Misoprostol is available as an oral tablet. Administration of the tablet via the buccal, sublingual, vaginal, and rectal routes has been evaluated. Each route provides different pharmacokinetic and adverse event profiles which may benefit specific indications.¹



Route of administration of Misoprostol Tablet

Sublingual

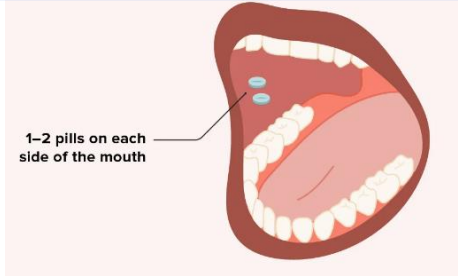
- Place misoprostol tablets under the tongue
- Hold them there for 30 minutes while they dissolve. Do not eat or drink anything during these 30 minutes.
- After the 30 minutes has passed, swallow what is left in your mouth with water.⁴

Per vaginal

- Empty your bladder and wash your hands.
- While lying down, use index finger to insert the four pills inside vagina as far up as they can go. This is to get the pills toward the cervix and to reduce the risk of the pills falling out.
- Wait for 30 minutes before moving around. Lie down for at least an hour after inserting the pills. You won't have to insert the pills again if they come out.³
- Vaginal route should be avoided when there is bleeding and/or signs of infection.¹

Buccal

- Put misoprostol tablets between your cheek and your gum, two on each side of your mouth.
- Hold the pills there for 30 minutes as they dissolve.
- Swallow what's left of the pills with water.³



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Oral

- Swallow whole tablet.
- Best taken after meals to help prevent loose stools, diarrhea, and abdominal cramping.⁵
- An oral solution can be made by dissolving 1 misoprostol 100 mcg tablet in 20 mL warm water, providing a concentration of 5 mcg/mL. Use within 24 hours. (For dose <200mcg)¹

Misoprostol dosing regimens¹

Pregnancy <13 weeks	Pregnancy 13-26 weeks	Pregnancy >26 weeks
Pregnancy termination 800mcg sl every 3 hours OR pv/bucc every 3-12 hours (2-3 doses)	Pregnancy termination 13-24 weeks: 400mcg pv/sl/bucc every 3 hours 25-26 weeks: 200mcg pv/sl/bucc every 4 hours	Pregnancy termination 27-28 weeks: 200mcg pv/sl/bucc every 4 hours >28 weeks: 100mcg pv/sl/bucc every 6 hours
Missed abortion 800mcg pv every 3 hours (x2) OR 600mcg sl every 3 hours (x2)	Fetal death 200mcg pv/sl/bucc every 4-6 hours	Fetal death 27-28 weeks: 100mcg pv/sl/bucc every 4 hours >28 weeks: 25mcg pv every 6 hours OR 25mcg po every 2 hours
Incomplete abortion 600mcg po (x1) OR 400mcg sl (x1) OR 400-800mcg pv (x1)	Inevitable abortion 200mcg pv/sl/bucc every 6 hours	Induction of labor 25mcg pv every 6 hours OR 25mcg every 2 hours
Cervical preparation for surgical abortion 400mcg sl 1 hour before procedure OR 400mcg pv 3 hours before procedure	Cervical preparation for surgical abortion 13-19 weeks: 400mcg pv 3- 4hours before procedure	

Rectal route is not included as a recommended route because the pharmacokinetic profile is not associated with the best efficacy.¹

pv: per vaginal
sl: sublingual (under the tongue)
bucc: buccal
po: oral

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