Vaginal INSERTS 7 micrograms / hour: Each vaginal Post holds: Misoprostol 200 mcg (Emitt 7 mcg / hour over 24 hours), cross-linked hydrogelpolymer butylated hydroxyanisole.

indications for: Induction of labor in women with unripe cervix, from week 36 of pregnancy, where induction is clinically indicated.

Dosage: Adults: Max. Recommended dose: 1 vaginal posts. Should be taken out When the birth is running, if uterine contractions are prolonged or too powerful, if the child's life is in danger or the 24 hours have elapsed since insertion. If vaginal post falls out, it should not be replaced. Subsequent administration of oxytocin, wait at least 30 minutes after vaginal mail is taken out. Special Populations: Children and adolescents <18 years: Safety and efficacy have not BEEN established. Administration: Managed by healthcare professionals trained in obstetrics at the hospital with equipment available for continuous fetal and uterine monitoring. Cervix to be Examined care fully before use. uterine activity and fetal condition monitored care fully after insertion. Taken out of the freezer and the foil pouch just prior to insertion. Defrosting is not Necessary. Open the pouch by tearing at the ground along the top. Scissors can destroy ejection system. Placed vaginally in the posterior fornix, and turned 90 ° so that it lies across. Water soluble lubricants can be used. Upon insertion it will increase item in size 2-3 times and be flexible. After insertion, the thread apr ask cut with scissors, but makesure there is enough thread left on the outside of the vagina for removal. The patient must stay in bed for 30 minutes. ENSURE Misodel not removed by toilet visits or investigations. ask removed by pulling the thread. Vaginal submission Shall never be removed from the unloading system. After removal, ENSURE That both insertion and removal system is removed. See leaflet for further information.

See instruction film: Misodel Ferring Pharmaceuticals

Contraindications: Hypersensitivity two any of the ingredients. Active birth. Suspected or evidence That the child's life is in danger before induction. If oxytocin or other drugs That Contribute to the induction is given. On suspicion or evidence of scar tissue from previous surgery in the uterus or cervix, for example. Caesarean. Deviations of the uterus (eg. Heart-shaped uterus). Placenta praevia or vaginal bleeding for no known reason after week 24 of pregnancy. Divergent fetal clean. Signs or Symptoms of Chorioamnionitis, Unless treatment is given. Before week 36 of pregnancy.

cautions: May cause Excessive uterine stimulation if not removed before birth is underway. Cleared by prolonged or abnormally strong contractions, or if there is concern for the mother or child. If powerful contractions persist after withdrawal should tocolytic treatment should be considered. In preeclampsia should evidence or suspicion That the child's life is in danger excluded. No data exist on severe preeclampsia or holes in the fetal membrane > 48 hours before insertion. By positive streptococcus group B status requires prophylactic antibiotic therapy should be time for antibiotic therapy care fully considered two provide adequate protection. If oxytocin is granted, the cross pray removed first, and then one should wait at least 30 minutes before oxytocin is given. Misodel BEEN Studied only in pregnancies with one fetus in the head lease. is not Examined by multiple pregnancies or city> 3 previous vaginal births after week 24 of pregnancy. Caution is modified "Bishops score" (MBS)> 4. A Subsequent dose beyond max. dose recommended dove. missing data. Increased risk of disseminated intravascular Coagulation (DIC) post-partum Described by induced birth (physiological or Pharmacological methods). Butylated hydroxyanisole apr cause skin reactions or irritation of the eyes and mucous membranes.

interactions: For further information from NOMA about relevant interactions, see G02A D06 Simultaneous use of oxytocin or other drugs That Contribute to the induction is contraindicated due. Increased uterotonic effect. Other prostaglandinpreparater was in a study provided When needed one hour after Withdrawing Misodel without negative effects.

Go to interaction analysis

Pregnancy and breast-feeding: Pregnancy: contraindicated before week 36 of pregnancy. Lactation misoprostol acid is excreted in the colostrum and in milk (oral administration), but should not hinder breastfeeding. No adverse effects were observed in nursing infants. Fertility: Not applicable.

View information on pregnancy from Norwegian legemiddelhåndbok
View information about breastfeeding from Norwegian legemiddelhåndbok

Side effects: Common (≥1 / 100 to <1/10): Cardiac / Vascular: Fetal heart disease (fetal cardiac arrhythmias, fetal

Reporting of side effects

Overdose / Toxicity: No experience.


Storage and durability: Store in freezer (−10 to −25 °C).

Last modified: 05/14/2014
(rates and charges. Refund is updated every 14 days)

Based on SPC approved by SLV:
06/17/2014

Misodel , vaginal INSERTS:

<table>
<thead>
<tr>
<th>Strength</th>
<th>gasket</th>
<th>SKU</th>
<th>Price (NOK) 1</th>
<th>R.gr. 2</th>
<th>reimbursement 3</th>
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<td>7 mcg / hour</td>
<td>5 pcs. (Foil bags)</td>
<td>040708</td>
<td>6459.00</td>
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</tbody>
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1 Packs sold without prescription are Indicated with an * in the column Price. There is free pricing for packagethat are sold without a prescription, and the maximum retail price can not be set.
2 Prescription group. Collect Group.
3 applier approved for reimbursement. For information about individual benefits, see HELFO.

Explanation two text