What information reaches the end user? Analysis of MA product labels collected globally.

Jennifer Blum
Moderator
Gynuity Health Projects
Today’s panelists

Catherine Kilfedder, IPPF
Programme Adviser for IPPF’s Global Comprehensive Abortion Care Initiative

Laura Frye, Gynuity Health Projects
Program Associate in the PPH, MA, and pregnancy failure portfolios
IPPF Medical Abortion Commodities Database

Catherine Kilfedder
IPPF
www.MedAb.org - launched September 2018
Why a medical abortion database?

- Review of cases of adverse events following medical abortion
- Independent testing of misoprostol from country programmes revealed quality issues
- Challenges in recommending appropriate commodities for country programmes
- No single source for this type of information
Quality

A misoprostol product is included if it:

- has met requirements and standards for WHO prequalification
- has been approved by a Stringent Regulatory Authority (SRA)
- has received a current positive risk-based assessment recommendation of category 1 or 2 from the UNFPA Expert Review Panel (ERP) process
- has other sufficient evidence on stability and clinical effectiveness from at least two of the following:
  - Stability testing data
  - Independent product testing
  - Data on clinical effectiveness
Availability

- Structured in-country data collection exercise in select countries
- Information from social marketing organizations, distributors, manufacturers and others
Who the database is for and how it can be used

Service providers, programme managers, procurement personnel

Identify quality products that are available in country

Advocates, policy analysts

Define advocacy strategies, priorities and partnerships

Funders, fundraisers

Understand market and where to invest resources and target asks
What the database is NOT

• A service providing website

• A complete market availability mapping for medical abortion commodities

• An endorsement or advertising by IPPF of certain brands

• A one-off project that is finished
Availability of medical abortion commodities, by income status

- Low income
- Lower-middle income
- Upper-middle income
- High income

- Misoprostol
- Mifepristone
- Combipack
- At least two brands of combipack
Moving forward

• Continued development and maintenance
• Continued focus on quality determination
• Data collection in additional countries
• Further analysis of secondary data
What information reaches the end user? Analysis of MA product labels collected globally.

Laura Frye, Gynuity Health Projects
Background

- Purpose of an insert is to provide prescribing and safety information to health professionals

BUT

- May be the only information accessible to an end user
Methods

- Secondary analysis of data from medical abortion database
- Not representative, meant to explore issues
- Analyzed “unique” inserts in English, Spanish, French, Portuguese
  - 37 Inserts
    - 24 Miso
    - 7 Mife
    - 6 Combipacks
  - 19 Countries
What’s Missing

- **Storage instructions** *
  - 84% of inserts mentioned how to store the drug

- **Appearance**
  - 43% of inserts described the pill

- **Date**
  - 35% of inserts listed the date it was updated
  - Dates ranged from 1991 to 2018
Translation

From awkward, to wrong, to problematic

...for patients of young age type diabetes...

...long lasting vaginal bleeding phenomenon...

...Grapefruit juice...

...fruit juice (grape)...

...jugo de uva...

...Dos días después de la prostaglandina se administra Usted debe quedarse y descansar durante 3 horas después de la prostaglandina...
Misoprostol Indications

- **Most common indication was gastric ulcer**
- **Four products labeled for medical abortion**
- **No products listed all evidence-based indications**

<table>
<thead>
<tr>
<th>Product Number</th>
<th>Indication: Med Ab</th>
<th>Indication: PPH</th>
<th>Indication: Ulcer</th>
<th>Indication: PAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>12</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>13</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Mifepristone and Combipack Indications

- All combipacks (n=6) listed a single indication, medical abortion
  - 3 specified <63 days
  - 2 specified <9 weeks
  - 1 specified first trimester
- Mifepristone (n=7) products had more variety
  - 1 did not list an indication (though instructions for MedAb <63 days)
  - 3 listed MedAb <49 days
  - 3 listed four indications
    - Early MedAb
      - 63 days or 56 days
    - Cervical ripening prior to surgical termination
    - Pre-treatment before prostaglandin for later MedAb for medical reasons
      - 13-20 weeks
      - After first trimester
      - Beyond 3 months
    - Labor induction for IUFD
      - 2 specify when prostaglandin or oxytocin not possible
Medical Abortion Regimens

- Two products labeled for gastric ulcer and medical abortion only had ulcer regimens
  - Potentially dangerous

- Some products had different regimens by gestational age, representing the era of research

- Some listed medical abortion regimens maintained 600 mg mife, cost implications

- Wide range of miso doses (400-800mcg) and routes (oral, vaginal, sublingual, buccal, sublingual/buccal)
Medical Abortion Eligibility

• Many of the eligibility criteria did not align with WHO guidelines, potentially over restricting access

<table>
<thead>
<tr>
<th>Medical Abortion Eligibility</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational age: none</td>
<td>4</td>
<td>24%</td>
</tr>
<tr>
<td>Gestational age: ≤49</td>
<td>4</td>
<td>24%</td>
</tr>
<tr>
<td>Gestational age: ≤56</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Gestational age: ≤63</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>Gestational age: ≤70</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

“Contraindicated in women below 16 years of age”

“Contraindicated when the woman has undergone FGM”

“NO USE: si Ud. padece de anemia severa”

“No problems have been reported in the first trimester of pregnancy with women who have had previous caesarean sections”

“[miso] should not be administered to nursing mothers”

“No problems have been reported in the first trimester of pregnancy with women who have had previous caesarean sections”

“Because mifepristone may pass into breast milk and be taken in by your baby, you should stop breast feeding once you have taken the treatment”

Contraindications: woman with age over 35 and smoking more than 10 cigarettes per day
Protocols

Some labels went beyond the WHO guidelines to put additional restrictions on medical abortion protocols

“El uso de [mife] require que se tomen medidas para evitar que el factor Rhesus sensibilizacion (si usted es Rh negative)”

“Rhesus-negative women who have not been rhesus immunized will require protection with anti-D immunoglobulin”

“it is recommended that after taking mifepristone the patient should stop nursing for 3-4 days”

“Oxytocin should not be used after 6 hours of administration of the last dose of misoprostol”

“Right after taking misoprostol, the patient should stay at the hospital for 3 hours for observation”

“Consulte a su medico especialista en ginecologia”

“The trained health care provider must...be able to assure the Client access to medical facilities equipped to provide blood transfusions”

“Avalez les comprimés entiers avec un verre d’eau en présence d’un médecin ou d’un member de l’équipe médicale”
“Values come through in the absence of evidence”

“Los datos disponibles sobre el riesgo potencial de anomalías fetales después de un aborto sin éxito son limitados e inconclusivos; por lo tanto, si una mujer desea continuar con un embarazo expuesto, no es necesario insister en finalizarlo”

“In case this method does fail, it is a must to use another method to terminate the pregnancy in the next follow-up visit the hospital”

“En cas d’ échec de l’interruption de grossesse, le risque encouru par le foetus est inconnu, si vous décidez de poursuivre la grossesse, un suivi prénatal attentif et des échographies répétées, avec une attention particulière portée aux extrémités, devront avoir leur dans un centre spécialisé.”
**Implications**

- Evidence on medical abortion procedures are evolving.
- The initiative and cost of changing an insert to reflect new evidence usually falls to a manufacturer.
- How can the reproductive health community help to ensure accurate information is provided to people seeking abortion?

For more information:

LFrye@gynuity.org  
Skype: Laura.Frye
Within Reach
Expanding Access to Safe Abortion
The videos in this presentation were developed by Population Reference Bureau with guidance from a global Technical Advisory Group of researchers, advocates, and medical professionals. We thank the members of that group for their time and dedication, including:

- Akinrinola Bankole, Ph.D., MA, M.Sc., Guttmacher Institute
- Jennifer Blum, MPH, Gynuity Health Projects
- Paul Blumenthal, MD, MPH, Population Services International
- Ambassador Eunice Brookman-Amisah, MB ChB, FRCOG
- Alejandra Cardenas, LLM, Center for Reproductive Rights
- Barbara B. Crane, Ph.D., MA
- Faustina Fynn-Nyame, BSN, Population Services International
- Patrick G. Ilboudo, Ph.D., Agence de Medecine Preventive, Burkina Faso
- Ndola Prata, MD, M.Sc., Bixby Center for Population, Health, and Sustainability, University of California, Berkeley
- John Townsend, Ph.D., Population Council
Within Reach: Expanding Access to Safe Abortion

For more information, or to download the full presentation, visit www.prb.org/SAFE-ENGAGE.

© 2019 Population Reference Bureau. All Rights Reserved.
Question and Answer
Thank you

On behalf of Gynuity Health Projects and IPPF