

Drug related fever, nausea, vomiting, diarrhea, and abdominal pain were noted in less than 1% of patients who received Cervidil.

In study 101-801 (with the retrieval system) cases of hyperstimulation reversed within 2 to 13 minutes of removal of the product. Tocolytics were required in one of the five cases.

In cases of fetal distress, when product removal was thought advisable there was a return to normal rhythm and no neonatal sequelae.

Five minute Apgar scores were 7 or above in 98.2% (646/658) of studied neonates whose mothers received Cervidil. In a report of a 3 year pediatric follow-up study in 121 infants, 51 of whose mothers received Cervidil, there were no deleterious effects on physical examination or psychomotor evaluation (18).

In Postmarketing Spontaneous Reports, rare reports of uterine rupture, some requiring hysterectomy and some with subsequent fetal or neonatal death, have occurred in association with the use of Cervidil.

Additionally, there have been rare reports of amniotic fluid embolism, DIC, hypersensitivity and hypotension.

DRUG ABUSE AND DEPENDENCE

No drug abuse or dependence has been seen with the use of the Cervidil.

OVERDOSAGE

Cervidil is used as a single dosage in a single application. Overdosage is usually manifested by uterine hyperstimulation which may be accompanied by fetal distress, and is usually responsive to removal of the insert. Other treatment must be symptomatic since, to date, clinical experience with prostaglandin antagonists is insufficient.

The use of beta-adrenergic agents should be considered in the event of undesirable increased uterine activity.

DOSAGE AND ADMINISTRATION

The dosage of dinoprostone in the vaginal insert is 10 mg designed to be released at approximately 0.3 mg/hour over a 12 hour period. Cervidil should be removed upon onset of active labor or 12 hours after insertion.

Cervidil is supplied in an individually wrapped aluminum/polyethylene package with a "tear mark" on one side of the package. The package should only be opened by tearing the aluminum package along the tear mark. The package should never be opened with scissors or other sharp objects which may compromise or cut the knitted polyester pouch that serves as the retrieval system for the polymeric slab.

Cervidil must be kept frozen until use, and is administered by placing one unit transversely in the posterior fornix of the vagina immediately after removal from its foil package. The insertion of the vaginal insert does not require sterile conditions. The vaginal insert must not be used without its retrieval system. There is no need for previous warming of the product. A minimal amount of water-miscible lubricant may be used to assist insertion of Cervidil. Care should be taken not to permit excess contact or coating with the lubricant which could prevent optimal swelling and release of dinoprostone from the vaginal insert. Patients should remain in the recumbent position for 2 hours following insertion, but thereafter may be ambulatory. If the patient is ambulatory, care should be taken to ensure the vaginal insert remains in place. If uterine hyperstimulation is encountered or if labor commences, the vaginal insert should be removed. Cervidil should also be removed prior to amniotomy.

Upon removal of Cervidil, it is essential to ensure that the slab has been removed, as it will continue delivering the active ingredient. This is accomplished by visualizing the knitted polyester retrieval system and confirming that it contains the slab. In the rare instance that the slab is not contained within the polyester retrieval system, a vaginal exam should be performed to remove the slab.

HOW SUPPLIED

Cervidil (NDC 0456-4123-63) contains 10 mg dinoprostone. The product is wound and enclosed in an aluminum/polyethylene pack.

Store in a freezer: between -20° C and -10° C (-4° F and 14° F). Cervidil is packed in foil and is stable when stored in a freezer for a period of three years. Vaginal inserts exposed to high humidity will absorb moisture from the air and thereby alter the release characteristics of dinoprostone. Once used, the vaginal insert should be discarded.

CLINICAL STUDIES

**Table 2
Efficacy of Cervidil in Double Blind Studies**

Parameter	Study #	Primip/Nullip		Multip		P-Value
		Cervidil	Placebo	Cervidil	Placebo	
Treatment Success*	101-103(N=91) 101-003(N=371) 101-801(N=206)	65% 68% 72%	28% 24% 48%	87% 77% 55%	29% 24% 41%	<0.001 <0.001 0.003
Time to Delivery (hours)						
Average	101-103(N=81)	33.7	48.6	14.0	28.6	0.001
Median		25.7	34.5	12.3	24.6	
Average	101-801(N=206)	31.1	51.8	52.3	45.9	<0.001
Median		25.5	37.2	20.8	27.4	
Time to Onset of Labor (hours)						
Average	101-103(N=81)	19.9	39.4	6.8	22.4	<0.001
Median		12.0	19.2	6.9	18.3	

*Treatment success was defined as Bishop score increase at 12 hours of ≥ 3, vaginal delivery within 12 hours or Bishop score at 12 hours ≥ 6. These studies were not designed with the power to show differences in cesarean section rates between Cervidil and placebo groups and none were noted.

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