



DANCO LABORATORIES

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infoline

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November 12, 2004

Dear Health Care Professional:

Danco Laboratories is providing you with information regarding Mifeprex[®] (mifepristone), indicated for non-surgical abortion in patients who are \leq 49 days pregnant, dated from the first day of the last menstrual period (LMP). From September 2000, when Mifeprex* was approved in the United States for marketing, through September 2004, approximately 360,000 women have been treated with Mifeprex in the U.S.

Whether you provide Mifeprex in your private practice, a women's health clinic, or a hospital clinic setting, you should be aware of serious and sometimes fatal infections and bleeding that occur rarely following spontaneous (miscarriage), surgical and medical abortions, including following the use of Mifeprex, and childbirth. A high index of suspicion is needed for timely diagnosis and intervention in these patients. To communicate this new safety information, Danco Laboratories has updated the BOXED WARNING and WARNINGS sections of the Prescribing Information as well as the MEDICATION GUIDE and the PATIENT AGREEMENT. Additional information is provided on ectopic pregnancy, which is a contraindication for Mifeprex (see WARNINGS).

Copies of the updated Prescribing Information, which includes the Medication Guide and the Patient Agreement, are enclosed, and it is important for you to read them carefully. A summary of the updated warnings follows:

Infection and Sepsis

In postmarketing experience following the use of Mifeprex and misoprostol, we have received a few reports of cases of serious bacterial infection, including very rare cases of fatal septic shock (see WARNINGS). No causal relationship between these events and the use of Mifeprex and misoprostol has been established. Although infection following medical abortion is rare, we ask that you be alert to the possibility of infection in your patients. In particular, a sustained fever of 100.4 degrees Fahrenheit or higher, severe abdominal pain, or pelvic tenderness in the days after taking Mifeprex and misoprostol may be an indication of infection. Atypical presentations of serious infection and sepsis, without fever, severe abdominal pain, or pelvic tenderness, but with significant leukocytosis, tachycardia, or hemoconcentration can occur.

Vaginal Bleeding

Vaginal bleeding occurs in almost all patients during the treatment procedure (see WARNINGS). According to data from the U.S. and French trials, women should expect to experience vaginal bleeding or spotting for an average of nine to 16 days, while up to 8% of all subjects may experience some type of bleeding for 30 days or more. Prolonged heavy bleeding (soaking through two thick full-size sanitary pads per hour for two consecutive hours) may be a sign of incomplete abortion or other complications and prompt medical or surgical intervention may be needed to prevent the development of hypovolemic shock. Patients should be counseled to seek immediate medical attention if they experience prolonged heavy vaginal bleeding following a medical abortion. Excessive vaginal bleeding usually requires treatment by uterotonics, vasoconstrictor drugs, curettage, administration of saline infusions, and/or blood transfusions.

* Mifeprex is a registered trademark of Danco Laboratories, LLC.

Ectopic Pregnancy

Additionally, in postmarketing experience we have received a small number of reports of ruptured ectopic pregnancy. No causal relationship between these events and Mifeprex and misoprostol has been established. Mifeprex is contraindicated in patients with a confirmed or suspected ectopic pregnancy since Mifeprex is not effective for terminating these pregnancies (see CONTRAINDICATIONS). Physicians should remain alert to the possibility that a patient who is undergoing a medical abortion could have an undiagnosed ectopic pregnancy since some of the expected symptoms of a medical abortion may be similar to those of a ruptured ectopic pregnancy. The presence of an ectopic pregnancy may have been missed even if the patient underwent ultrasonography prior to being prescribed Mifeprex.

The **Medication Guide** and **Patient Agreement** have also been updated to reflect the new safety information. Each patient should receive a Medication Guide from her health care provider before taking Mifeprex. Please advise patients to take their Medication Guide with them if they visit an emergency room or another health care provider who did not prescribe Mifeprex, so that provider will be aware that the patient is undergoing a medical abortion.

Abortion, whether medical or surgical, is “generally very safe and is therefore infrequently associated with complications”.¹ However, we thought that the enclosed recent publication, Phillip G. Stubblefield, MD and Lynn Borgatta, MD, “Complications of Induced Abortion” in *Obstetric & Gynecologic Emergencies Diagnosis and Management* (New York: McGraw-Hill, 2004), 65-86, may be helpful to you in your practice as it includes information on the diagnosis and treatment of possible complications following abortion, including infection and ectopic pregnancy.

The safety and efficacy of Mifeprex and misoprostol were well established in clinical trials reviewed by the FDA. The overall safety and efficacy profile remains unchanged.

We rely on medical feedback from health care professionals and therefore remind you to report serious adverse events and any on-going pregnancies following treatment with the Mifeprex regimen to us. Please provide a brief clinical synopsis (by postal mail, email or phone):

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P.O. Box 4816
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Toll free at 1-877-4-Early Option (1-877-432-7596)

For more information on Mifeprex, please visit www.earlyoptionpill.com or call our 24-hour toll free number at 1-877-4-Early Option (1-877-432-7596). If you have an urgent question, a physician will usually return your call within the hour. For general questions, our Medical Director typically returns calls within 24 hours.

Sincerely,
Danco Laboratories, LLC

Enclosures

¹ Phillip G. Stubblefield, MD and Lynn Borgatta, MD, “Complications of Induced Abortion” in *Obstetric & Gynecologic Emergencies Diagnosis and Management* (New York: McGraw-Hill, 2004), 65-86.