

COMPARISON OF FDA-APPROVED AND OTHER EVIDENCE-BASED REGIMENS FOR MIFEPRISTONE AND MISOPROSTOL IN EARLY ABORTION

	FDA LABELING	ALTERNATIVE: LOW-DOSE MIFEPRISTONE AND ORAL MISOPROSTOL BEYOND 49 DAYS	ALTERNATIVE: LOW-DOSE MIFEPRISTONE AND VAGINAL MISOPROSTOL	ALTERNATIVE: LOW-DOSE MIFEPRISTONE AND BUCCAL MISOPROSTOL	ALTERNATIVE: LOW-DOSE MIFEPRISTONE AND SUBLINGUAL MISOPROSTOL
MIFEPRISTONE DOSE	600 mg p.o. (3 tabs)	200 mg p.o.(1 tab)	200 mg p.o.(1 tab)	200 mg p.o.(1 tab)	200 mg p.o.(1 tab)
MISOPROSTOL DOSE	400 µg p.o. (2 tabs)	800 µg p.o.(4 tabs - may be taken in 2 divided doses, 2 hrs apart)	800 µg p.v.(4 tabs)	800 µg between cheek and gum (4 tabs)	400 µg s.l. (2 tabs)
INTERVAL BETWEEN MIFE AND MISO ADMINISTRATION	48 hrs	1 day.	Simultaneously; at 24 hrs; or between 6-48 hrs <i>N.B. Simultaneous use may be up to 4% less effective than regimens observing an interval of 6-48 hrs</i>	Between 1-2 days at ≤ 56 days EGA; between 24-36 hrs at ≤63 days EGA	24 hrs
LOCATION OF MISO ADMINISTRATION	In the office or clinic	Home	Home	Home	Home
GESTATIONAL AGE RANGE <i>(recommended)</i>	≤49 days	≤56 days <i>N.B. This route is significantly less effective after 56 days.</i>	≤63 days	≤63 days	≤63 days
TIME OF FOLLOW-UP	Day 14 (approximately)	Day 7 (approximately) <i>N.B. When using this regimen up to 63 d. LMP, continuing pregnancy rates approached 10% at followup. Researchers using this regimen repeated misoprostol vaginally when incomplete abortion or continuing pregnancy was noted at 7 days post-mifepristone.</i>	Day 4-14 (approximately)	Day 4-14 (approximately)	Day 4-14 (approximately)