Dear Committee Members:

We are pleased to submit this application for inclusion of misoprostol on the World Health Organization’s Essential Medicines List (EML) for the treatment of incomplete abortion in section 22.01.00.00 “Oxytocics”. Based on the currently available evidence, which includes several guidelines and numerous randomized and comparative clinical trials on the use of misoprostol for treatment of incomplete abortion and miscarriage, we propose that misoprostol be listed specifically as a treatment for incomplete abortion and miscarriage. Of note, misoprostol is already included in the 14th and 15th editions of WHO Model List of Essential Medicines (22.1 Oxytocic) because of its proven safety and efficacy for medical abortion and labor induction.

Misoprostol treatment for incomplete abortion could revolutionize care for the estimated 15% of women who experience miscarriage worldwide and contribute to a reduction in maternal morbidity and mortality associated with poorly given surgical evacuations. Providers in many countries already use the drug for uterine evacuation as part of their standard practice; and including its use for incomplete abortion on the WHO Model List of Essential Medicines would increase access to misoprostol into low-resource settings where it is probably most beneficial to women and providers. Misoprostol treatment for incomplete abortion would be particularly useful in places where surgical procedures, such as dilatation and curettage (D&C) and manual vacuum aspiration (MVA), are either not available and/or feasible. It is in situations such as these that misoprostol would have the great potential value.

We thank you for considering the addition of this medication to the Essential Medicines List for the treatment of incomplete abortion. We hope you agree that the evidence supports the inclusion of misoprostol for this important women’s health indication.

Sincerely,

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