**Prescribing Information**

**Imvaggis (Estriol) 0.03 mg pessary**

For full prescribing information, including side effects, precautions and contraindications, please consult the Summary of Product Characteristics (SmPC).

**Presentation**: 1 pessary contains 0.03 mg estriol. Each pessary contains a maximum of 0.008 mg butylhydroxytoluene. **Indication:** Local treatment of vaginal symptoms of estrogen deficiency in postmenopausal women. **Posology and method of administration**: During the first 3 weeks of treatment, 1 pessary is administered daily. Thereafter, a maintenance dose of 1 pessary twice a week is recommended. For initiation and continuation of treatment of postmenopausal symptoms, the lowest effective dose for the shortest duration should be used. For estrogen products for vaginal application of which the systemic exposure to the estrogen is very low, it is not recommended to add a progestogen. The pessary should be introduced deeply into the vagina, preferably in the evening before going to bed. **Contraindications:** Known, past or suspected breast cancer. Known or suspected estrogen-dependent malignant tumours (e. g. endometrial cancer). Undiagnosed genital bleeding. Untreated endometrial hyperplasia. Previous or current venous thromboembolism (deep venous thrombosis, pulmonary embolism). Known thrombophilic disorders (e. g. protein C, protein S, or antithrombin deficiency. Active or recent arterial thromboembolic disease (e.g., angina, myocardial infarction). Acute liver disease, or a history of liver disease as long as liver function tests have failed to return to normal. Porphyria. Hypersensitivity to the active substance or to any of the excipients. **Warnings and Precautions:** For the treatment of postmenopausal symptoms, HRT should only be initiated for symptoms that adversely affect quality of life. The risks and benefits should be reviewed annually, and HRT should only be continued as long as the benefit outweighs the risk. Imvaggis 0.03 mg pessary must not be combined with estrogen preparations for systemic treatment. Before initiating or reinstituting HRT a complete personal and family medical history should be taken. During treatment, periodic check-ups are recommended of a frequency and nature adapted to the individual woman. Women should be advised what changes in their breasts should be reported to their doctor or nurse. Vaginal infections should be treated with the appropriate medication before the start of treatment with Imvaggis 0.03 mg pessary. Patients should be closely supervised if any of the following conditions are present, have occurred previously and/or have been aggravated during pregnancy or previous hormone treatment. It should be taken into account that these conditions may recur or be aggravated during treatment with Imvaggis 0.03 mg pessary, in particular: leiomyoma (uterine fibroids) or endometriosis; risk factors for thromboembolic disorders; risk factors for estrogen-dependent tumours; hypertension; liver disorders; diabetes mellitus with or without vascular involvement; cholelithiasis; migraine or severe headache; systemic lupus erythematosus; history of endometrial hyperplasia; epilepsy; asthma and otosclerosis. Estriol should be discontinued if a contraindication is discovered or the following occur: jaundice or deterioration in liver function; significant increase in blood pressure; new onset of migraine-type headache; pregnancy. An increased risk of endometrial hyperplasia or uterine cancer has not been attributed to treatment with estriol by vaginal use. In women with an intact uterus the risk of endometrial hyperplasia and carcinoma is increased when systemic estrogens are administered alone for prolonged periods. Endometrial safety of long-term (>1 year) or repeated use of local vaginally administered estrogen is uncertain. Therefore, if repeated, treatment should be reviewed at least annually. If bleeding or spotting appears at any time on therapy, the reason should be investigated, which may include endometrial biopsy to exclude endometrial malignancy. The following risks have been associated with systemic HRT and apply to a lesser extent to estrogen products for vaginal application of which the systemic exposure to the estrogen is very low. However they should be considered in case of long term or repeated use of this product. Breast cancer, ovarian cancer, venous thromboembolism, coronary artery disease and ischaemic stroke. Estrogens may cause fluid retention and therefore patients with cardiac or renal dysfunction should be carefully observed. Women with pre-existing hypertriglyceridemia, should be followed closely during estrogen replacement or hormone replacement therapy, since rare cases of large increases of plasma triglycerides leading to pancreatitis have been reported with estrogen therapy in this condition. Exogenous estrogens may induce or exacerbate symptoms of hereditary and acquired angioedema. Estrogens increase thyroid binding globulin (TBG), leading to increased circulating total thyroid hormone. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-I-antitrypsin, ceruloplasmin). Imvaggis 0.03 mg pessary cannot be used for contraception. The excipient butylhydroxytoluene may cause local skin reactions (e.g. contact dermatitis), or irritation to the eyes and mucous membranes. **Interactions:** Due to the vaginal administration and minimal systemic absorption, it is unlikely that any clinically relevant drug interactions will occur with Imvaggis 0.03 mg pessary. However, interactions with other locally applied vaginal treatments should be considered. If Imvaggis 0.03 mg pessary is used simultaneously with condoms made of latex it can decrease the tensile strength and thus impair the safety of condoms. **Pregnancy and lactation:** The use of Imvaggis 0.03 mg pessary is not indicated during pregnancy. If pregnancy occurs during medication with the product, treatment should be withdrawn immediately. Given the high estriol concentrations in human pregnancy, any fetal exposure to estriol due to the use of low-dose pessaries is to be regarded as negligible. Imvaggis 0.03 mg pessary is not indicated during lactation. However, very low doses of vaginally applied estriol are unlikely to interfere with lactation. **Undesirable effects:** At the beginning of treatment, when the vaginal epithelial layers are still atrophic, local irritation may occur as a sensation of heat, pain and/or itching. They are often transient and of mild intensity. The following undesirable effects commonly (>1/100; <1/10) occur: vulvovaginal burning, pruritus, pain and dysuria. The following are uncommon (≥1/1,000; <1/100): vaginal discharge, anorectal discomfort. Please refer to the SPC for the risks that have been associated with systemic HRT and apply to a lesser extent for estrogen products for vaginal application of which the systemic exposure to estrogen is very low. **Overdose:** Toxicity for estriol is very low. Overdose of Imvaggis 0.03 mg pessary by vaginal application is very unlikely. Symptoms that may occur in the case of a high dose accidentally ingested are nausea, vomiting and vaginal bleeding in females. There is no known antidote. If necessary, a symptomatic treatment should be instituted. **NHS Price:** 24 pessaries, £13.38. **Legal category:** POM. **Marketing Authorisation number:** PL 42714/0001. Marketing Authorisation Holder: Besins Healthcare (UK) Ltd, Lion Court, 25 Proctor Street, Holborn, London, WC1V 6NY, UK. **Date of preparation of Prescribing Information:** July 2024. MAT-BHUK-NP-0132

**Adverse events should be reported.**
Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.
Adverse events should also be reported to Besins Healthcare (UK) Ltd, Drug Safety on 0203 862 0920 Email: pharmacovigilance@besins-healthcare.com

.