Prescribing Information Utrogestan (micronised progesterone) 100 mg capsules

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

Presentation: Soft white capsule containing 100 mg micronised progesterone. **Indication:** Adjunctive use with oestrogen in post-menopausal women with an intact uterus as hormone replacement therapy (HRT). **Posology and method of administration:** In women receiving estrogen replacement therapy there is an increased risk of endometrial cancer which can be countered by progesterone administration. The recommended dose is 200 mg daily at bedtime for twelve days in the last half of each therapeutic cycle (beginning on Day 15 of the cycle and ending on Day 26). Withdrawal bleeding may occur in the following week. Alternatively, 100 mg can be given at bedtime from Day 1 to Day 25 of each therapeutic cycle, withdrawal bleeding being less with this treatment schedule. Dose for elderly is the same. Not indicated in the paediatric population. Oral capsules which should not be taken with food as this increases the bioavailability of the capsules. For full details of usage see SPC. **Contraindications:** When used in conjunction with estrogens, Utrogestan should not be used in patients with any of the following conditions: known hypersensitivity to the active substances, soya lecithin, peanut or to any of the excipients, known past or suspected breast cancer; known or suspected estrogen-dependent malignant tumours (e.g genital tract carcinoma) undiagnosed genital bleeding; ; previous or current thromboembolism disorders (e.g. deep venous thrombosis, pulmonary embolism) or thrombophlebitis; known thrombophilic disorders; acute liver disease or history of liver disease as long as liver function tests have failed to return to normal; porphyria; cerebral haemorrhage; breast-feeding. **Warnings and Precautions for use:** For the treatment of postmenopausal symptoms, HRT should only be initiated for symptoms that adversely affect quality of life. A careful appraisal of the risks and benefits should be undertaken at least annually and HRT should only be continued as long as the benefit outweighs the risk. Utrogestan 100 mg Capsules are not suitable; in confirmed pregnancy; in the treatment of premature labour, or as a contraceptive. Before initiating or reinstituting HRT, a complete personal and family medical history should be taken. Women should be encouraged to be aware of their breasts and report any changes to their doctor or nurse. Investigations, including appropriate imaging tools, e.g. mammography, should be carried out in accordance with currently accepted screening practices, modified to the clinical needs of the individual. 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 since they may recur or be aggravated during treatment with Utrogestan 100 mg capusles; leiomyoma (uterine fibroids) or endometriosis; risk factors for thromboembolic disorders, risk factors for oestrogen dependent tumours (e.g. 1st degree heredity for breast cancer), hypertension, liver disorders (e.g. liver adenoma); diabetes mellitus with or without vascular involvement; cholelithiasis; migraine or severe headache; systemic lupus erythematosus; a history of endometrial hyperplasia; epilepsy; asthma; otosclerosis; depression; photosensitivity. Therapy should be immediately discontinued in case a contra-indication is discovered and in the following situations: jaundice or deterioration in liver function, significant increase in blood pressure, new onset of migraine- type headache, pregnancy, sudden or gradual, partial or complete loss of vision; proptosis or diplopia, papilloedema, retinal vascular lesions. Endometrial hyperplasia and carcinoma; the addition of progesterone for at least 12 days per month/28 day cycle or continuous combined estrogen-progestogen therapy in non-hysterectomised women prevents the excess risk associated with estrogen-only HRT. If breakthrough bleeding or spotting appears after some time on therapy, or continues after treatment has been discontinued, the reason should be investigated. Breast cancer; the overall evidence suggests an increased risk of breast cancer in women taking combined estrogen-progestogen and possibly also estrogen-only HRT, that is dependent on the duration of taking HRT. The excess risk becomes apparent within a few years of use but returns to baseline within a few (at most five) years after stopping treatment. HRT, especially estrogen-progestogen combined treatment, increases the density of mammographic images which may adversely affect the radiological detection of breast cancer. Ovarian cancer; epidemiological evidence from a large meta-analysis suggests a slightly increased risk in women taking estrogen-only or combined estrogen-progestogen HRT, which becomes apparent within 5 years of use and diminishes over time after stopping. HRT is associated with a 1.3-3-fold risk of developing venous thromboembolism (VTE). The occurrence of such an event is more likely in the first year of HRT than later. If prolonged immobilisation is to follow elective surgery temporarily stopping HRT 4 to 6 weeks earlier is recommended. Women already on chronic anticoagulant treatment require careful consideration of the benefit-risk of use of HRT. If VTE develops after initiating therapy, the drug should be discontinued. Patients should be told to contact their doctors immediately when they are aware of a potential thromboembolic symptom. The relative risk of coronary artery disease during use of combined estrogen + progestogen HRT is slightly increased. Combined estrogen-progestogen and estrogen-only therapy are associated with an up to 1.5-fold increase in risk of ischaemic stroke. HRT use does not improve cognitive function. There is some evidence of increased risk of probable dementia in women who start using continuous combined or estrogen-only HRT after the age of 65. Utrogestan 100 mg capsules contain soybean lecithin and may cause hypersensitivity reactions (urticarial and anaphylactic shock in hypersensitive patients). As there is a possible relationship between allergy to soya and allergy to peanut, patients with peanut allergy should avoid using Utrogestan 100mg Capsules. **Interactions:** drugs known to induce the hepatic CYP450-3A4 (such as barbiturates, anti-epileptic agents (phenytoin, carbamazepine), rifampicin, phenylbutazone, bromocriptine, spironolactone, griseofulvin, some antibiotics (ampicillins, tetracyclines) and herbal products containing St. John's wort, may increase metabolism and the elimination of progesterone. Ketokonazole and other inhibitors of CYP450-3A4 such as ritonavir and nelfinavir may increase bioavailability of progesterone. Utrogestan 100mg may raise the plasma concentration of ciclosporin, diazepam, tizanidine. Aminogluthethimide markedly reduces plasma concentrations of medroxyprogesterone acetate and megestrol. Progesterone may enhance or reduce the anticoagulant effect of coumarins. Progesterone antagonises the anticoagulant effect of phenindione. Use of ulipristal acetate may result in reduced efficacy of progesterone. An adjustment in anti-diabetic dosage may be required. Breakthrough bleeding may occur when using terbinafine with progesterone. Progesterone may also affect the laboratory tests of hepatic and/or endocrine functions. **Pregnancy and lactation:** If pregnancy occurs during medication, Utrogestan 100mg should be withdrawn immediately. The data relating to inadvertent foetal exposure to combinations of estrogens + progesterone indicate no teratogenic or foetotoxic effect. Prescription of progesterone beyond the first trimester may reveal gravidic cholestasis. Utrogestan 100mg is not indicated during breast-feeding. Progesterone is distributed into breast milk. **Effects on ability to drive and use machines:** Utrogestan 100mg may cause drowsiness and/or dizziness; therefore care should be taken when driving or using machines. **Undesirable effects:** Frequency not known (cannot be estimated from the available data), from post-marketing experience primarily from oral administration of progesterone: abdominal pain, nausea, fatigue, headache, somnolence, dizziness, vaginal haemorrhage, pruritus. The following risks apply in relation to systemic oestrogen/progestogen treatment: breast cancer; endometrial cancer; ovarian cancer; venous thromboembolism; coronary artery disease; ischaemic stroke. Adverse reactions with systemic estrogen/progestogen treatment include: rash, urticaria, chloasma/melasma, pyrexia, insomnia, alopecia, irregular menstruation, amenorrhoea, breast pain/mastodynia, fluid retention/oedema, weight changes, changes in libido, depression, gall bladder disease, probable dementia in over 65 years of age, skin and subcutaneous disorders (erythema multiforme, erythema nodosum, vascular purpura). For further information on side effects and risk estimates please consult the SPC. **Overdose:** Symptoms may include drowsiness, somnolence, dizziness, or fatigue. Treatment of overdosage consists of discontinuation of Utrogestan together with institution of appropriate symptomatic and supportive care.

NHS Price: £6.60 for 30 capsules. **Legal category:** POM. **Marketing Authorisation Number:** PL 28397/0003. **Marketing Authorisation Holder:** Besins Healthcare, Rue Washington 80, 1050 Ixelles, Belgium. **Date of preparation of prescribing information:** March 2023 UTO/2023/001

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 or
Email: pharmacovigilance@besins-healthcare.com