

use another method, such as the condom, for the next 2 days.\*

The Faculty of Sexual and Reproductive Healthcare recommends emergency contraception if one or more progestogen-only contraceptive tablets are missed or taken more than 3 hours late and unprotected intercourse has occurred before 2 further tablets have been correctly taken.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension

#### Solution for injection

- ▶ **Noristerat** (Bayer Plc)  
Norethisterone enantate 200 mg per 1 ml Noristerat 200mg/1ml solution for injection ampoules | 1 ampoule [PoM] £4.05

#### Tablet

- ▶ **Norethisterone (Non-proprietary)**  
Norethisterone 5 mg Norethisterone 5mg tablets | 30 tablet [PoM] £4.15 DT = £2.70
- ▶ **Noriday** (Pfizer Ltd)  
Norethisterone 350 microgram Noriday 350microgram tablets | 84 tablet [PoM] £2.10 DT = £2.10
- ▶ **Primolut N** (Bayer Plc)  
Norethisterone 5 mg Primolut N 5mg tablets | 30 tablet [PoM] £2.26 DT = £2.70
- ▶ **Utoflan** (Pfizer Ltd)  
Norethisterone 5 mg Utoflan 5mg tablets | 30 tablet [PoM] £1.40 DT = £2.70 | 90 tablet [PoM] £4.21

Combinations available: *Estradiol with norethisterone*, p. 805

## Progesterone

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### ● INDICATIONS AND DOSE

#### CRINONE<sup>®</sup> VAGINAL GEL

##### Infertility due to inadequate luteal phase

- ▶ BY VAGINA
- ▶ Adult: 1 applicatorful daily, to be started either after documented ovulation or on day 18–21 of cycle, in vitro fertilisation, daily application continued for 30 days after laboratory evidence of pregnancy

#### CYCLOGEST<sup>®</sup> PESSARIES

##### Premenstrual syndrome | Post-natal depression

- ▶ BY VAGINA, OR BY RECTUM
- ▶ Adult: 200–800 mg daily, doses above 200 mg to be given in 2 divided doses, for premenstrual syndrome start on day 12–14 and continue until onset of menstruation (but not recommended); rectally if barrier methods of contraception are used, in patients who have recently given birth or in those who suffer from vaginal infection or recurrent cystitis

#### LUBION<sup>®</sup>

##### Supplementation of luteal phase during assisted reproductive technology (ART) treatment in women for whom vaginal preparations are inappropriate

- ▶ BY SUBCUTANEOUS INJECTION, OR BY INTRAMUSCULAR INJECTION
- ▶ Adult: 25 mg once daily from day of oocyte retrieval up to week 12 of pregnancy

#### LUTIGEST<sup>®</sup>

##### Luteal support as part of an Assisted Reproductive Technology (ART) treatment programme

- ▶ BY VAGINA
- ▶ Adult: 100 mg 3 times a day, to be started the day after oocyte retrieval, and continued for 30 days once pregnancy is confirmed

#### UTROGESTAN<sup>®</sup> CAPSULES

##### Progestogenic opposition of oestrogen HRT

- ▶ BY MOUTH
- ▶ Adult: 200 mg once daily on days 15–26 of each 28-day oestrogen HRT cycle, alternatively 100 mg once daily on days 1–25 of each 28-day oestrogen HRT cycle

#### UTROGESTAN<sup>®</sup> VAGINAL CAPSULES

##### Supplementation of luteal phase during assisted reproductive technology (ART) cycles

- ▶ BY VAGINA
- ▶ Adult: 1 capsule 3 times a day from day of embryo transfer until at least week 7 of pregnancy up to week 12 of pregnancy

- **CONTRA-INDICATIONS** Acute porphyrias p. 1120 · avoid in patients with a history of liver tumours · breast cancer (unless progestogens are being used in the management of this condition) · genital cancer (unless progestogens are being used in the management of this condition) · history during pregnancy of idiopathic jaundice · history during pregnancy of pemphigoid gestationis · history during pregnancy of severe pruritus · history of thromboembolism · incomplete miscarriage · missed miscarriage · severe arterial disease · thrombophlebitis · undiagnosed vaginal bleeding

- **CAUTIONS** Asthma · cardiac dysfunction · conditions that may worsen with fluid retention · diabetes (progestogens can decrease glucose tolerance—monitor patient closely) · epilepsy · history of depression · hypertension · migraine · susceptibility to thromboembolism (particular caution with high dose)

#### ● SIDE-EFFECTS

- ▶ **Common or very common**
- ▶ With oral use Headache · menstrual cycle irregularities
- ▶ With vaginal use Breast pain · drowsiness · gastrointestinal discomfort
- ▶ **Uncommon**
- ▶ With oral use Breast pain · constipation · diarrhoea · dizziness · drowsiness · jaundice cholestatic · skin reactions · vomiting
- ▶ **Rare or very rare**
- ▶ With oral use Depression · nausea
- ▶ **Frequency not known**
- ▶ With intramuscular use Alopecia · breast changes · cervical abnormalities · depression · drowsiness · fever · hirsutism · insomnia · jaundice cholestatic · menstrual cycle irregularities · nausea · oedema · protein catabolism · skin reactions · weight increased
- ▶ With rectal use Diarrhoea · flatulence
- ▶ With vaginal use Leakage of the pessary base · menstrual cycle irregularities · vulvovaginal pain

- **PREGNANCY** Not known to be harmful.

- **BREAST FEEDING** Avoid—present in milk.

- **HEPATIC IMPAIRMENT** Manufacturer advises caution; avoid in severe impairment. For *Utrogestan<sup>®</sup> oral capsules*, manufacturer advises avoid in acute or active liver disease. For *Crinone<sup>®</sup> vaginal gel*, manufacturer advises caution in severe impairment.

- **RENAL IMPAIRMENT** Use with caution.

#### ● DIRECTIONS FOR ADMINISTRATION

- ▶ With oral use Capsules should be taken at bedtime on an empty stomach.

#### ● PATIENT AND CARER ADVICE

- ▶ With oral use Patient counselling is advised for progesterone capsules (administration).