150 mm

210 mm

OBS

U-PROGEST™ CAPSULES

یو۔ پروجیسٹ™

(مائیکرونائیزڈ پروجیسٹرون)

(Micronised Progesterone)

COMPOSITION:

U-PROGEST CAPSULES 100mg:
Each soft gelatin capsule contains Micronised Progesterone U.S.P.…....100mg

U-PROGEST CAPSULES 200mg:
Each soft gelatin capsule contains Micronised Progesterone U.S.P.....…200mg

PHARMACOLOGICAL PROPERTIES:

Pharmacodynamic properties:
Progesterone is a natural progestogen, the main hormone of the corpus luteum and the placenta. It acts on the endometrium by converting the proliferating phase to the secretory phase. U-Progest Capsules have all the properties of endogenous progesterone with induction of a full secretory endometrium and in particular gestagenic, antiestrogenic, slightly anti-androgenic and antialdosterone effects.

Pharmacokinetic properties:

Absorption:
Micronised progesterone is absorbed by the digestive tract. Pharmacokinetic studies conducted in healthy volunteers have shown that after oral administration of 200mg, plasma progesterone levels increased to reach the maximum concentration of 13.8ng/ml +/- 2.9ng/ml in 2.2 +/- 1.4 hours. The elimination half-life observed was 16.8+/- 2.3 hours.
Although there were inter-individual variations, the individual pharmacokinetic characteristics were maintained over several months, indicating predictable responses to the drug.
Vaginal administration produces concentrations in the luteal range which are maximal within 1 - 8 hrs and then decline over 24 hrs.

Distribution:
Progesterone has a distribution half life of 3-6 minutes. Progesterone is approximately 96%-99% bound to serum proteins, primarily to serum albumin (50%-54%) and transcortin (43%-48%).

Metabolism:
Progesterone is metabolised primarily by the liver. The main plasma metabolites are 20 α-hydroxy-4α-prenolone and 5 α-dihydroprogesterone. Some progesterone metabolites are excreted in the bile and these may be deconjugated and further metabolised in the gut via reduction, dehydroxylation and epimerisation. The main plasma and urinary metabolites are similar to those found during the physiological secretion of the corpus luteum.

Elimination:
Urinary elimination is observed for 95% in the form of glycuroconjugated metabolites, mainly 3 α, 5 β–pregnanediol (pregnandiol).

Preclinical safety data:
Preclinical data revealed no special hazard for humans based on conventional studies of safety pharmacology and toxicity.

INDICATIONS:

1. Repeated, habitual abortion / high risk pregnancies (prophylaxis)
2. Adjunctive use with estrogen in post-menopausal women with an intact uterus(HRT)
3. Luteal support in IVF techniques.
4. Menstrual irregularity due to dysovulation.
5. Premenstrual disorders.
6. Breast pain or benign breast disorders.

CONTRAINDICATIONS:

Known allergy or hypersensitivity to progesterone or to any of the excipients. The capsules contain arachis oil (peanut oil) and should never be used by patients allergic to peanuts. Other contraindications are severe hepatic dysfunction, undiagnosed vaginal bleeding, mammary or genital tract carcinoma, thrombophlebitis, thromboembolic disorders, cerebral haemorrhage and porphyria.

INTERACTIONS:

U-Progest Capsules may interfere with the effects of bromocriptine and may raise the plasma concentration of cyclosporin. U-Progest Capsules may affect the results of laboratory tests of hepatic and/or endocrine functions. Metabolism of U-Progest Capsules is accelerated by rifamycin an antibacterial agent.

The metabolism of progesterone by human liver microsomes was inhibited by ketoconazole. These data therefore suggest that ketoconazole may increase the bioavailability of progesterone.

PRECAUTIONS:

Warnings:
U-Progest Capsules are not a treatment for premature labour.
U-Progest should be used in pregnancy during the first trimester and only by vaginal route. Prescription of progesterone beyond the first trimester of pregnancy may reveal gravidic cholestasis.
U-Progest Capsules are not suitable for use as a contraceptive.
If unexplained, sudden or gradual, partial or complete loss of vision, proptosis or diplopia, papilloedema, retinal vascular lesions or migraine occur during therapy, the drug should be discontinued and appropriate diagnostic and therapeutic measures instituted.
U-Progest Capsules can be co-prescribed with an estrogen product as HRT. Epidemiological evidence suggests that the use of HRT is associated with an increased risk of developing deep vein thrombosis (DVT) or pulmonary embolism. The prescribing information for the co-prescribed estrogen product should be referred to for information about the risks of venous thromboembolism.
There is suggestive evidence of a small increased risk of breast cancer with estrogen replacement therapy. It is not known whether concurrent progesterone influences the risk of cancer in post-menopausal women taking hormone replacement therapy.

Precautions:
Prior to taking hormone replacement therapy (and at regular intervals thereafter) each woman should be assessed. A personal and family medical history should be taken and physical examination should be guided by this and by the contraindications and warnings for this product. U-Progest Capsules should not be taken with food and should be taken at bedtime. Concomitant food ingestion increases the bioavailability of U-Progest Capsules.

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U-Progest Capsules should be used cautiously in patients with conditions that might be aggravated by fluid retention (e.g. hypertension, cardiac disease, renal disease, epilepsy, migraine, asthma); in patients with a history of depression, diabetes, mild to moderate hepatic dysfunction, migraine or photosensitivity and in breast-feeding mothers.
Clinical examination of the breasts and pelvic examination should be performed where clinically indicated rather than as a routine procedure. Breast awareness should also be encouraged and women advised to report any changes in their breasts to their doctor or nurse.

PREGNANCY AND LACTATION:

Epidemiological studies have not revealed any association between progesterone and foetal malformations.

ADVERSE REACTIONS:

Somnolence or transient dizziness may occur 1 to 3 hours after intake of the drug. Bedtime dosing and reduction of the dose may reduce these effects.
Shortening of the cycle or breakthrough bleeding may occur. If this occurs, the dose of U-Progest Capsules can be reduced and taken at bedtime from day 1 to day 26 of each therapeutic cycle.
Acne, urticaria, rashes, fluid retention, weight changes, gastro-intestinal disturbances, changes in libido, breast discomfort, premenstrual symptoms, menstrual disturbances; also chloasma, depression, pyrexia, insomnia, alopecia, hirsutism; rarely jaundice.
Venous thromboembolism, i.e. deep leg or pelvic venous thrombosis and pulmonary embolism, is more frequent among hormone replacement therapy users than among non-users.

DOSAGE AND ADMINISTRATION:

Oral Administration:
On an average in the case of deficiency of progesterone, the dosage is from 200 to 300 mg of progesterone per day once daily or in two divided doses, one in the morning, one at night. It is recommended to use the capsule at intervals of one hour before or after meals. The evening dose / once daily is preferably taken at night at the time of going to bed.

Premenstrual syndrome, benign mastopathies, menstrual irregularities, pre-menopause
The treatment will be started at a dose of 200 mg to 300 per day, 10 days per cycle, usually from 14th day to until onset of menstruation.

Menopause (In addition to estrogen treatment)
One capsule of 200 mg per day in the evening for the last 14 days of estrogen treatment per cycle (i.e. from day 8 to day 21 for a 28 day cycle and from day 12 to day 25 for a 30 day cycle). With high dosage of estrogen should be administered 300 mg daily.

The 200 mg daily dosage should be taken at bed time. Patients receiving 300 mg daily should take 100 mg in the morning and 1 capsule of 200 mg or 2 capsules of 100 mg at bed time. The morning dose should be taken 2 hours after breakfast.

If a patient is treated with 200 mg daily (total dose at bed time) and she forgets to take this dose, she should take extra dose of 1 capsule of 100 mg, the following morning and continue taking rest of the capsules as prescribed, if a patient is treated with 300 mg daily and she forgets to take a morning or evening dose, she should not take the missed dose.

Vaginal administration:
The vaginal route is recommended at a dosage level similar to oral dose in situations where oral administration is not advisable such as severe hepatic disease or patient cannot tolerate side effect of oral use (drowsiness).

Each capsule should be deeply inserted into the vagina.

Supplementation of the luteal phase in case of infertility due to luteal deficiency.
The dosage recommended is 400 to 600mg per day starting with the day of injection of hCG up to the 12th week of pregnancy.

To help pregnancy and for the management of recurrent and threatened miscarriage
The dosage recommended is 200 to 400 (max 600) mg per day in divided doses, till 12th to 14th week of pregnancy as required.

Steps for vaginal administration:

Vaginal administration
- Wash your hands
- Remove the capsule from the blister
- Lie down on your back
- Bend your knees and part your thighs
- Push the capsule as deep into the vagina as is comfortable
- Straighten your legs and continue lying down for about 15 to 20 minutes to avoid leakage of the capsule base
- It is important to keep the capsule in the vagina to allow it to melt and the medicine to be absorbed
- Wash your hands

OVERDOSAGE:

Symptoms of overdosage may include somnolence, dizziness, euphoria or dysmenorrhoea. Treatment is observation and, if necessary, symptomatic and supportive measures should be provided.

INSTRUCTIONS:

- To be sold on the prescription of a registered medical practitioner only.
- Store at 8˚C to 15˚C.
- Protect from light and moisture.
- Keep out of the reach of children.

PRESENTATION:

U-PROGEST CAPSULES 100mg in the blister pack of 3 x 10's.
U-PROGEST CAPSULES 200mg in the blister pack of 1 x 10's.

MANUFACTURED BY:

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