SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Utrogestan 300 mg soft vaginal capsule

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each soft vaginal capsule contains 300 mg progesterone (micronized).

Excipient with known effect:

Each soft vaginal capsule contains 3 mg of soybean lecithin.

For the full list of excipients, see Section 6.1.

3. PHARMACEUTICAL FORM

Soft vaginal capsule

Yellowish, oblong (approximately 25 mm x 8 mm), soft vaginal capsule, containing a whitish oily suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

<invented name> is indicated in adult women for supplementation of the luteal phase during Assisted Reproductive Technology (ART) cycles.

4.2 Posology and administration

Posology

Vaginal use only.

The recommended dose is 600 mg/day, given in two divided doses, one in the morning and the other at bedtime. The treatment is started not later than the third day after oocyte retrieval day and is continued until at least the 7th week of pregnancy and not later than the 12th week of pregnancy or until menstruation begins.

Paediatric population

There is no relevant use of <invented name> in the paediatric population.

Elderly patients

There is no relevant use of <invented name> in the elderly.

Method of administration

Vaginal

Each <invented name> capsule must be inserted deep into the vagina.

One capsule should be inserted deep into the vagina in the morning and the other at bedtime.

4.3 Contraindications

- Hypersensitivity to the active substance, soya, peanut (see section 4.4) or to any of the excipients listed in Section 6.1
- Jaundice
- Severe hepatic dysfunction
- Undiagnosed vaginal bleeding
- Mammary or genital tract carcinoma
- Thrombophlebitis
- Thromboembolic diseases
- Cerebral haemorrhage
- Porphyria
- Missed abortion

4.4 Special warnings and precautions for use

Warnings:

A complete medical examination must be performed before starting the treatment and regularly during the treatment.

<invented name> should only be used during the first three months of pregnancy and must only be administered by the vaginal route.

<invented name> is not intended to treat an **imminent** premature delivery.

<invented name> is not suitable as a contraceptive and must only be used in accordance with the indications in section 4.1.

The use of micronised progesterone during the second and third trimester of pregnancy may lead to the development of gravidic cholestasis or hepatocellular liver disease.

Glucose tolerance may be impaired during progesterone treatment, and more frequent monitoring should be performed. Progesterone has been linked to an increase in Type 2 diabetes, and adjustments in the medication of diabetes-treated patients may be required.

Treatment should be discontinued upon diagnosis of a missed abortion.

Precautions:

Any vaginal bleeding should always be investigated.

Excipient:

<invented name> contains soybean lecithin and may cause hypersensitivity reactions (urticaria and anaphylactic shock) in hypersensitive patients. As there is a possible relationship between allergy to soya and allergy to peanut, patients with peanut allergy must avoid using this medicine (see Section 4.3).

<Invented name> contains highly refined *sunflower* oil, for which the incidence of hypersensitivity is very rare in adults.

4.5 Interaction with other medicinal products and other forms of interaction

Drugs known to induce the hepatic CYP450-3A4 such as barbiturates, anti-epileptic agents (phenytoin, carbamazepine), rifampicin and also herbal products containing St. John's wort (Hypericum perforatum) may increase the elimination of progesterone. Ketoconazole and other inhibitors of CYP450-3A4 may increase the plasma exposure of progesterone

4.6 Fertility, pregnancy and lactation

Natural progesterone may be given orally, vaginally or by the intramuscular route to treat luteal phase deficiency until at least the 7th week of pregnancy and not later than the 12th week of pregnancy.

Pregnancy

No association has been found between the maternal use of natural progesterone in early pregnancy and foetal malformation.

Breast-feeding

<invented name> is not indicated during breast-feeding. Detectable amounts of progesterone enter the breast milk.

Fertility

As this medicinal product is indicated to support luteal deficiency in subfertile or infertile women, there is no deleterious known effect on fertility.

4.7 Effects on ability to drive and use machines

This medicine has no or negligible influence on the ability to drive and use machines. However, dizziness or fatigue may occur in some individuals. If affected, patients should not drive or operate machines.

4.8 Undesirable effects

Local intolerance (burning, itching or oily discharge) has been observed in clinical studies and has been reported in publications, but the incidence is extremely rare.

When used as recommended, transient fatigue or dizziness may occur within 1 – 3 hours of taking the medicine.

Reporting of suspected adverse reactions after authorisation

The information below is based on experience gathered after the authorisation of progesterone administered into the vagina.

The following frequency conventions are used in the rating of undesirable effects: Very common (≥1/10); Common (≥1/100 to < 1/10); Uncommon (≥1/1000 to < 1/100); Rare (≥1/10000 to < 1/1000); Very rare (< 1/10000); Not known (cannot be estimated from the available data).

System organ class (SOC)	**Frequency Not known (cannot be estimated from the available data)**
Skin and subcutaneous tissue disorders	Pruritus
Reproductive system and breast disorders	Vaginal haemorrhage Vaginal discharge
General disorders and administrative site conditions	Fatigue Burning sensation
Nervous System Disorders	Dizziness

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

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

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Sex hormones and modulators of the genital system, progestogens, ATC code: G03DA04.

Mechanism of action

Progesterone is a natural endogenous hormone of the corpus luteum and is the most important hormone of the corpus luteum and the placenta. It acts on the endometrium by converting the proliferating phase to the secretory phase. <invented name> have all the properties of endogenous progesterone with induction of a full secretory endometrium and in particular has a gestagenic, antiestrogenic, slightly anti-androgenic and antialdosterone effects.

5.2 Pharmacokinetic properties

Absorption

Micronised progesterone is rapidly absorbed following vaginal administration. Unlike oral progesterone, vaginal progesterone does not undergo first pass metabolism in the gastrointestinal tract and liver. As a result of the “uterine first pass effect”, relatively high concentrations occur in uterine and nearby tissues with low systemic exposure to progesterone and its metabolites.

The plasma exposure following administration of different vaginal dosages (e.g. 200 mg to 600 mg) is non-linear and increase less than proportional to dose. In a reported clinical study, administration of a 600 mg daily vaginal dose of progesterone resulted in stable plasma concentrations throughout administration times with the highest average plasma concentration equal to around 11.6 ng/ml.

Distribution

Micronised progesterone administered into the vagina undergoes the first metabolic cycle in the uterus, causing higher hormone levels in the uterus and nearby tissues.

The small amount of progesterone that is absorbed is transported via the lymph and blood vessels and approximately 96 - 99% is bound to serum proteins, mainly into serum albumin (50 - 54%) and transcortin (43 - 48%).

Biotransformation

After vaginal administration observable plasma levels of pregnenolone and 5α-dihydroprogesterone are very low due to the lack of first-pass metabolism.

Elimination

95% of systemically absorbed progesterone is eliminated from the urine as glucuronide conjugate metabolites.

Pharmacokinetic/pharmacodynamic relationship(s)

<invented name> provides a local effect on the vagina and uterus. The efficacy of vaginal progesterone is related to the overall amount of progesterone accumulating in the endometrium and not to the amount that is systemically absorbed.

5.3 Preclinical safety data

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

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Content of capsule:

- Sunflower oil, refined
- Soybean lecithin (E322)

Capsule shell:

- Gelatin (E441)
- Glycerol (E422)
- Titanium Dioxide (E171)
- Purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

After opening: 15 days (bottle only).

Store below 30°C.

6.4 Special precautions for storage

Store below 30°C.

For storage conditions after first opening of the medicinal product, see section 6.3.

6.5 Nature and contents of container

<invented name> soft vaginal capsule is packed in a white HDPE bottle, with a white polypropylene (PP) child-resistant screw cap and a tearable silver coloured seal containing 15 soft vaginal capsules.

PVC/Aluminium blisters containing 15, 30 or 45 capsules.

Not all pack sizes may be marketed

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

<To be completed Nationally>

8. MARKETING AUTHORISATION NUMBER(S)

<To be completed Nationally>

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

<Date of first authorisation: {DD month YYYY}>

<Date of latest renewal: {DD month YYYY}>

10. DATE OF REVISION OF THE TEXT

2026-02-04