

## PROFESSIONAL INFORMATION

### SCHEDULING STATUS

S4

#### 1. NAME OF THE MEDICINE

LUTIGES® 100 mg vaginal tablets

#### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vaginal tablet contains 100 mg progesterone.

*Excipient(s) with known effect:*

Each vaginal tablet contains approximately 760 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

#### 3. PHARMACEUTICAL FORM

Vaginal tablets.

White to off-white convex and oblong tablets debossed with “FPI” on one side and “100” on the other side. Nominal size approximately 22 mm x 13 mm.

The vaginal tablets are supplied with one polyethylene vaginal applicator.

#### 4. CLINICAL PARTICULARS

##### 4.1 Therapeutic indications

LUTIGES® is indicated for luteal support as part of an Assisted Reproductive Technology (ART) treatment programme for infertile women.

##### 4.2 Posology and method of administration

###### Posology

###### *Adults*

The dose of LUTIGES® is 100 mg administered vaginally three times daily starting at oocyte

retrieval. The administration of LUTIGES® should be continued for 30 days, if pregnancy has been confirmed.

#### *Paediatric population*

There is no relevant use of LUTIGES® in the paediatric population.

#### *Elderly*

No clinical data have been collected in patients aged over 65.

#### *Use in special populations*

There is no experience with use of LUTIGES® in patients with impaired liver or renal function.

### **Method of administration**

LUTIGES® is to be placed directly into the vagina by the applicator provided.

### **4.3 Contraindications**

LUTIGES® should not be used in individuals with any of the following conditions:

- hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1
- undiagnosed vaginal bleeding
- known missed abortion or ectopic pregnancy
- severe hepatic dysfunction (child-pugh class C) or disease
- known or suspected breast or genital tract cancer
- active arterial or venous thromboembolism or severe thrombophlebitis, or a history of these events
- porphyria.

### **4.4 Special warnings and precautions for use**

LUTIGES® should be discontinued if any of the following conditions are suspected:

myocardial infarction, cerebrovascular disorders, arterial or venous thromboembolism (venous thromboembolism or pulmonary embolism), thrombophlebitis, or retinal thrombosis.

Cautious use in patients with mild to moderate hepatic dysfunction.

Patients with a history of depression need to be closely observed. Consider discontinuation if symptoms worsen.

Because LUTIGES® may cause some degree of fluid retention, conditions that might be influenced by this factor (e.g. epilepsy, migraine, asthma, cardiac or renal dysfunction) require careful observation. A decrease in insulin sensitivity and thereby in glucose tolerance has been observed in a small number of patients on oestrogen-progestogen combination medicines. The mechanism of this decrease is not known. For this reason, diabetic patients should be carefully observed while receiving LUTIGES® therapy.

LUTIGES® use may also increase the risk of retinal vascular lesions. To prevent these latter complications, caution is to be taken in users >35 years, in smokers, and in those with risk factors for atherosclerosis. Use should be terminated in case of transient ischemic events, appearance of sudden severe headaches, or vision impairments related to papillary oedema or retinal haemorrhage.

Abrupt discontinuation of progesterone dosing may cause increased anxiety, moodiness, and increased sensibility to seizures.

Before starting treatment with LUTIGES®, the patient and her partner should be assessed by a doctor for causes of infertility.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

Medicines known to induce the hepatic cytochrome P450-3A4 system (e.g. rifampicin, carbamazepine or St. John's wort (*Hypericum perforatum*)- containing herbal products) may increase the elimination rate and thereby decrease the bioavailability of progesterone.

In contrast ketoconazole and other inhibitors of cytochrome P450-3A4 may decrease elimination rate and thereby increase the bioavailability of progesterone.

The effect of concomitant vaginal products on the exposure of progesterone from LUTIGES® has not been assessed. However, LUTIGES® is not recommended for use with other vaginal products (such as antifungal products) as this may alter progesterone release and absorption from the vaginal tablet.

#### **4.6 Fertility, pregnancy and lactation**

##### **Pregnancy:**

LUTIGES® vaginal tablets are only indicated during the first trimester of pregnancy for use as part of an assisted reproduction (ART) regimen.

There is yet limited and inconclusive data on the risk of congenital anomalies, including genital abnormalities in male or female infants, following intrauterine exposure during pregnancy.

In the pivotal trial, the rate of foetal anomalies following 10-week exposure to LUTIGES® 100 mg TID was 4,5 %, a total of 7 cases of foetal anomalies (i.e. oesophageal fistula, underdeveloped right ear with hypospadias, small aorta/ valvular regurgitation/ deviated septum, hand deformity, cleft palate/cleft lip, hydrocephalus and holoprosencephaly/ proboscis/ polydactylia) were seen in 404 patients. The rate of foetal anomalies observed during the clinical trial is comparable with the event rate described in the general population, although the total exposure is too low to allow conclusions to be drawn.

During the conduct of the pivotal clinical trial, the number of spontaneous abortions and ectopic pregnancies associated with the use of LUTIGES® 100 mg TID were 5,4 % and 1 %, respectively.

##### **Breastfeeding:**

Detectable amounts of progesterone have been identified in the milk of mothers. Therefore, LUTIGES® should not be used during lactation.

#### 4.7 Effects on ability to drive and use machines

LUTIGES® has minor or moderate influence on the ability to drive and use machines. Progesterone may cause drowsiness and/or dizziness; therefore, caution is advised in drivers and users of machines.

#### 4.8 Undesirable effects

The most frequently reported adverse drug reactions during treatment with LUTIGES® in IVF patients during clinical trials are headache, vulvovaginal disorders and uterine spasm, reported in 1,5 %, 1,5 % and 1,4 % subjects, respectively. The table below displays the main adverse reactions in women treated with LUTIGES® in the clinical trial distributed by system organ classes (SOCs) and frequency.

System Organ Class (SOC)	Common (> 1/100 and <1/10)	Uncommon (> 1/1000 and < 1/100)	Not known*** (cannot be estimated from the available data)
Nervous system disorders	Headache	Dizziness Insomnia	Fatigue
Gastrointestinal disorders	Abdominal distension Abdominal pain Nausea	Diarrhoea Constipation	Vomiting
Skin and subcutaneous tissue disorders		Urticaria Rash	Hypersensitivity reactions
Reproductive system and breast disorders	Uterine spasm	Vulvovaginal disorders* Vaginal mycosis Breast disorders** Pruritus genital	
General disorders and administration site		Oedema peripheral	

conditions			
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\* Vulvovaginal disorders such as vulvovaginal discomfort, vaginal burning sensation, vaginal discharge, vulvovaginal dryness and vaginal haemorrhage, have been reported following use of LUTIGES<sup>®</sup>, with cumulative reporting frequency of 1,5 %.

\*\* Breast disorders, such as breast pain, breast swelling and breast tenderness have been reported in the clinical trial as single cases, with cumulative reporting frequency of 0,4 %.

\*\*\*Cases seen during post marketing experience.

### **Reporting of suspected adverse reactions**

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the “**6.04 Adverse Drug Reactions Reporting Form**”, found online under SAHPRA’s publications: <https://www.sahpra.org.za/Publications/Index/8>. To report any adverse reactions to Ferring, please contact us on +27 12 345 6358.

### **4.9 Overdose**

High doses of progesterone may cause drowsiness.

Treatment of overdosage consists of discontinuation of LUTIGES<sup>®</sup> together with institution of appropriate symptomatic and supportive care.

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Sex hormones and modulators of the genital system; Progestogens;

Pregnen-(4) derivatives

ATC code: G03DA04.

### **Mechanism of action**

Progesterone is a naturally occurring steroid that is secreted by the ovary, placenta, and adrenal gland.

In the presence of adequate oestrogen, progesterone transforms a proliferative endometrium into a secretory endometrium. Progesterone is necessary to increase endometrial receptivity for implantation of an embryo. Once an embryo is implanted, progesterone acts to maintain the pregnancy.

### **Clinical efficacy and safety**

Ongoing pregnancy and live birth rates following 10-week luteal support with progesterone 100 mg vaginal tablets TID (N=390) in patients who had an embryo transfer in the Phase III clinical trial were 44 % (95 % CI 38,9; 48,9) and 39,5 % (95 % CI 34,6; 44,5), respectively.

## **5.2 Pharmacokinetic properties**

### **Absorption**

Progesterone serum concentrations increased following the administration of the progesterone vaginal tablets in 12 healthy premenopausal females. On day 1 of treatment, the mean  $C_{max}$   $19,8 \pm 2,9$  ng/mL with a  $T_{max}$  of  $17,3 \pm 3,0$  hours after administration of progesterone vaginal tablets three times daily 8 hours apart. On multiple dosing, steady state concentrations were attained within approximately 1 day after initiation of treatment with progesterone vaginal tablets. Trough values of  $10,9 \pm 2,7$  ng/mL were observed with an  $AUC_{0-24}$  of  $436 \pm 43$  ng\*hr/mL on Day 5.

### **Distribution**

Progesterone is approximately 96 % to 99 % bound to serum proteins, primarily to serum albumin and corticosteroid binding globulin.

### **Biotransformation**

Progesterone is metabolised primarily by the liver largely to pregnanediols and pregnanolones. Pregnanediols and pregnanolones are conjugated in the liver to glucuronide and sulphate metabolites. Progesterone metabolites that are excreted in the bile may be deconjugated and may be further metabolised in the gut via reduction, dehydroxylation, and epimerisation.

## **Elimination**

Progesterone undergoes renal and biliary elimination.

Following injection of labelled progesterone, 50-60 % of the excretion of metabolites occurs via the kidney; approximately 10 % occurs via the bile and faeces. Overall recovery of the labelled material accounts for 70 % of an administered dose. Only a small portion of unchanged progesterone is excreted in the bile.

## **5.3 Preclinical safety data**

Progesterone is a well-known natural reproductive steroidal hormone in humans and animals, with no known toxicological effects.

Progesterone was found to be non-irritative for up to 90 days of twice daily vaginal administration in rabbits and was also shown to be non-sensitising in guinea pigs.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Silica, hydrophobic colloidal

Lactose monohydrate

Pregelatinised maize starch

Povidone K29/32

Adipic acid

Sodium hydrogen carbonate

Sodium lauryl sulphate

Magnesium stearate

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

3 years.

### **6.4 Special precautions for storage**

Store at or below 30 °C in the original container in order to protect from light.

### **6.5 Nature and contents of container**

Aluminium/Aluminium blisters of 3 vaginal tablets.

The blisters are available in cartons with 21 or 90 vaginal tablets with 1 vaginal applicator.

Not all pack sizes may be marketed.

### **6.6 Special precautions for disposal**

No special requirements.

## **7. HOLDER OF CERTIFICATE OF REGISTRATION**

Ferring (Pty) Ltd.

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## **8. REGISTRATION NUMBER(S)**

A45/21.8.2/1098

## **9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

29 June 2021

**10. DATE OF REVISION OF THE TEXT**

Date of Registration: 29 June 2021