



6 October 2023

## **Medicine Supply Alert Notice**

### **Progesterone (Lutigest® ) 100mg vaginal tablets Progesterone (Crinone® ) 8% progesterone vagina gel**

**Priority: Level 2 - medium impact**  
**Valid until: late December 2023**

#### **Issue**

1. Progesterone (Lutigest® ) 100mg vaginal tablets are out of stock until late December 2023
2. Progesterone (Crinone® ) 8% progesterone vagina gel is out of stock from late August until late December 2023.
3. Alternative progesterone products remain available and will be able to support an increased demand.

#### **Advice and Actions**

4. Where patients have insufficient supplies to last until the re-supply date, prescribers should:
  - consider prescribing alternative progesterone products for supplementation of luteal phase as part of Assisted Reproductive Technology (ART), ensuring that the patient is not intolerant to any of the excipients and is counselled on the appropriate dose required (see Supporting Information below);
  - consider alternative management options where the above option is inappropriate and for the indication of use as an adjunct to In Vitro Fertilisation (IVF) where infertility is mainly due to tubal, idiopathic or endometriosis linked sterility associated with normal ovulatory cycles (see Supporting Information below).

#### **Additional Information**

##### **Clinical information**

5. Lutigest® 100mg vaginal tablets are used for the supplementation of luteal phase as part of Assisted Reproductive Technology (ART). The recommended dose is 100mg administered vaginally three times starting at oocyte retrieval and continued for 30 days if pregnancy has been confirmed.
6. Crinone® 8% vaginal gel is used for treatment of infertility due to inadequate luteal phase and for use as an adjunct to In Vitro Fertilisation (IVF) where infertility is mainly due to tubal, idiopathic or endometriosis linked sterility associated with normal ovulatory cycles. For the former indication

the recommended dose is one applicatorful applied once daily after ovulation or on the 18th to 21st day of the cycle. When used in IVF, it is applied daily starting on the day of embryo transfer and it should be continued for 30 days if there is laboratory evidence of pregnancy.

#### Alternate progesterone products and recommended doses for the supplementation of luteal phase as part of ART:

Cyclogest® 200mg and 400mg pessaries:

- 400mg twice daily vaginally, starting at oocyte retrieval and continuing for 38 days once pregnancy is confirmed

Utrogestan® 200mg vaginal capsules:

- 200mg three times daily from day of embryo transfer until at least week 7 of pregnancy up to week 12 of pregnancy

Lubion® 25mg/1.112ml solution for injection vials (in women for whom vaginal preparations are inappropriate):

- 25mg injected subcutaneously or intramuscularly from day of oocyte retrieval up to week 12 of pregnancy

Please refer to the links below for further information:

[SmPC Utrogestan 200mg vaginal capsules](#)

[SmPC Cyclogest pessaries](#)

[SmPC Lubion 25mg/1.112ml solution for injection vials](#)

[SmPC Lutigest 100mg vaginal tablets](#)

[SmPC Crinone 8% vaginal gel](#)

[BNF Progesterone Enquiries](#)

#### **Specialist Pharmacy Service (SPS) website**

7. The UK Department of Health and Social Care (DHSC) in conjunction with SPS have launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues.
8. To access the online Medicines Supply Tool you need to register with the [SPS website](#). Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Tools tab and then click on the Medicines Supply option.
9. We encourage prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland to register with the SPS website and use its Medicine Supply Tool in order to stay up to date concerning medicines supply disruptions.
10. Please be aware that while medicines supply issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

#### **Enquiries**

11. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to [PharmacyTeam@gov.scot](mailto:PharmacyTeam@gov.scot) (primary care) or [NSS.NHSSMedicineShortages@nhs.scot](mailto:NSS.NHSSMedicineShortages@nhs.scot) (secondary care).