BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

PROGESTERONE RETARD PHARLON
(hydroxyprogesterone caproate), progestin

Moderate actual benefit in threatened preterm labour due to uterine hypermotility. Insufficient actual benefit in the gynaecological indications and in threatened miscarriage or prevention of recurrent miscarriage from a proven luteal phase defect.

Main points

- PROGESTERONE RETARD PHARLON has Marketing Authorisation in gynaecological indications when the parenteral route is essential and in certain obstetrical indications.
- No clinical data on the actual benefit of its use in gynaecology have been identified.
- The only clinical data demonstrating an actual benefit are in the prevention of recurrent preterm labour in single-foetus pregnancies.

Indications

- Gynaecological indications when the parenteral route is essential:
  - disorders linked to progesterone insufficiency (dysmenorrhoea, menstrual irregularities, premenstrual syndrome, mastalgia, etc.),
  - infertility due to a luteal phase defect,
  - an artificial cycle in combination with an oestrogen.
- Obstetrical indications:
  - threatened miscarriage or prevention of recurrent miscarriage from a proven luteal phase defect,
  - threatened of preterm labour due to uterine hypermotility.

Therapeutic use

- **Role of the medicinal product in the therapeutic strategy**
  In the absence of clinical data on the actual benefit of the use of IM hydroxyprogesterone caproate in gynaecological indications, the role of PROGESTERONE RETARD PHARLON in the therapeutic strategy for disorders linked to progesterone insufficiency (dysmenorrhoea, menstrual irregularities, premenstrual syndrome, mastalgia, etc.), infertility due to a luteal phase defect, an artificial cycle in combination with an oestrogen cannot be defined.

- The data on the use of hydroxyprogesterone caproate in the treatment of threatened miscarriage during the 1st trimester are insufficient to recommend this medicinal product. It does not appear justified to recommend its use in the case of a short cervix. Depending on the history, physical examination and results of the previous investigations, management must include early treatment of possible bacterial vaginosis, and/or discussion about cervical cerclage or treatment with natural progesterone in an overall and personalised prevention strategy.

- PROGESTERONE RETARD PHARLON can be suggested in the prevention of recurrent preterm labour in single-foetus pregnancies. In the absence of proven reduction of perinatal morbidity and mortality, the data are insufficient to recommend it in the treatment of threatened preterm labour in single-foetus pregnancies.

- It is not recommended to administer this medicinal product in the case of threatened preterm labour or multiple-foetus pregnancies.
Clinical data

- Clinical data on the actual benefit of hydroxyprogesterone caproate administered IM in its gynaecological indications have not been identified.
- The only clinical data justifying its actual benefit concern its use in the management of threatened preterm labour in single-foetus pregnancies, prevention of recurrent preterm labour in single-foetus pregnancies and in the prevention of preterm labour in multiple-foetus pregnancies.
- In one study, a total of 231 women (50%) reported at least one adverse effect: local reaction at the injection site with pain (34.2%), swelling (14.1%), pruritus (11.3%), bruising (6.7%). This study also revealed an insignificantly increased level of fetal death and miscarriages in women treated with 17-hydroxyprogesterone caproate. A increased risk of gestational diabetes was revealed in two randomised controlled studies intended to evaluate this risk, not found in a randomised controlled study on lower numbers and in an ancillary study on a higher number.

Benefit of the medicinal product

- The actual benefit* of PROGESTERONE RETARD PHARLON is insufficient for reimbursement by national solidarity in its gynaecological indications and in its obstetrical indication: threatened miscarriage or prevention of recurrent miscarriages due to a proven luteal phase defect.
- Its AB is moderate in the prevention of threatened preterm labour due to uterine hypermotility.

* The actual benefit (AB) of a proprietary medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the AB, which can be substantial, moderate, low or insufficient for reimbursement for hospital use.