

PROGESTERONE PROTOCOLS FOR THE ATTEMPTED REVERSAL OF MIFEPRISTONE

Oral Protocol

1. Prometrium brand or progesterone generic micronized **oral capsules 200 mg, two capsules (400 mg) by mouth ASAP and bedtime on day 1 (must be at least 5 hours apart). 200mg, two capsules (400 mg) AM and PM on day 2 and 3 .Do not prescribe if the patient is allergic to peanuts as it is made with peanut oil.**
2. Continue progesterone 200mg, **two capsules (400mg)** at bedtime until the end of first trimester or according to your clinical judgment.

Vaginal Protocol (Capsules per vagina)

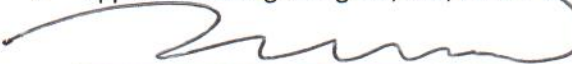
1. If the patient is unable to take oral capsules or intramuscular injections, consider vaginal administration of oral capsules Prometrium brand or progesterone generic micronized **oral capsules 200 mg, two capsules (400 mg) inserted vaginally ASAP AND at bedtime day 1 (must be at least 5 hours apart). 200mg, two capsules (400 mg) AM and PM on day 2 and 3. Do not prescribe if the patient is allergic to peanuts as it is made with peanut oil.**
2. Continue progesterone 200mg, two capsules (400 mg) inserted vaginally daily at bedtime until the end of first trimester or according to your clinical judgment.

Intramuscular Protocol

1. **Compounded progesterone in oil 200mg (100mg/ml or 50mg/ml) intramuscularly (IM) ventral or dorsal gluteal muscle, slowly over 2-3 minutes as soon as possible after the ingestion of mifepristone.**
2. Continue progesterone in oil, 200 mg **IM** once a day for two more days.
3. Continue progesterone in oil, 200mg **IM** every other day until day 14 after mifepristone ingestion.
4. Continue progesterone in oil, 200 mg **IM** twice a week until the end of the first trimester. Consider tapering the progesterone after the first trimester, according to your clinical judgment.

Additional Instructions:

- If prescribing oral, prescribe enough for 1 week at a time with refills. One month's supply may be unaffordable if the patient's insurance doesn't cover.
- Provide ultrasound per clinic protocol as soon as possible to confirm embryonic viability and intrauterine location. If **less than** 6 weeks after LMP, consider monitoring serial HCG levels and simply do ultrasound at 6 weeks.
- If bleeding or cramping occurs and an intrauterine location of pregnancy has not been confirmed, treat as an ectopic pregnancy and appropriately refer until an intrauterine location is confirmed.
- For an ectopic pregnancy or an incomplete abortion, seek consultation as necessary.
- Provide an ultrasound every 1-2 weeks during the first trimester to confirm continued viability.
- The physician, midwife, PA or NP who prescribes must see the patient within 72 hours of the initiation of the protocol.
- Approved: George Delgado, MD, FAAFP Medical Director APR


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