

PROGESTERONE PROTOCOLS FOR THE ATTEMPTED REVERSAL OF MIFEPRISTONE

Intramuscular Protocol

1. **Compounded progesterone in oil (100mg/ml) 200mg intramuscularly (IM), always in the upper outer gluteal region**, in non-weight bearing 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, 200 mg **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.

Oral Protocol

1. Prometrium brand or progesterone generic micronized **oral** capsules 200 mg, **two** capsules (400 mg) by **mouth ASAP and twice a day for 3 days**.
2. Continue progesterone 200mg, **two** capsules (400mg) at bedtime until the end of first trimester or according to your clinical judgement.

Vaginal Protocol

1. Prometrium brand or progesterone generic micronized **oral** capsules 200 mg, two capsules (400 mg) inserted **vaginally ASAP** and at bedtime on day 1.
2. Continue progesterone 200mg, two capsules (400 mg) inserted vaginally daily at bedtime until the end of first trimester or according to your clinical judgement.

Additional Instructions:

- If the patient is allergic to peanuts **do not** give Prometrium or generic progesterone vaginally or orally as it is made with peanut oil.
- Provide ultrasound per clinic protocol as soon as possible to confirm embryonic viability and intrauterine location. If less than 6.5 weeks after LMP, consider monitoring serial HCG levels.
- 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.
- If the pregnancy remains viable, consider obtaining a trough progesterone level by 12 weeks gestation. The trough should be at least 72 hours after a progesterone injection or 24 hours after an oral or vaginal progesterone dose. An optimal trough progesterone is ≥ 25 during the first trimester, according to some experts.
- Provide an ultrasound every 1-2 weeks during the first trimester to confirm continued viability.
- A physician, physician assistant or nurse practitioner 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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APPENDIX 8

- Next review: 10-24-19