

ASRM 2015 Recommendation on the best routes of Progesterone Administration¹

Intramuscular (I.M.) and Vaginal Progesterone are the ONLY DOCUMENTED supplement for Luteal Phase support in cases of Recurrent Pregnancy Loss and Artificial reproductive technique

ACOG 2012

AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS

Risk Factors	Recommendations regarding use of progesterone Vaginal pessaries 200 g Daily or IM 300 mg weekly
History of PTB	Progesterone from 20-16 week until 36 week
Short Cervix \leq 20mm at \leq 24 Wks	Progesterone from 24 week until 36 week

ORAL Progesterone SHOULD NOT BE USED for Luteal Phase Support due to LOWER Pregnancy Rates when compared with Intramuscular (I.M.) or Vaginal Progesterone¹

Biogest® is the unique product in market as a Bio-identical progesterone with high concentration.

PROTOCOL OF BIOGEST

Indication	Biogest Protocol for LPS	
In Threatened Abortion	Biogest 100mg I.M. ampoule Once daily till the stop of bleeding	
In Unexplained Recurrent Pregnancy Loss	Biogest 100mg I.M. ampoule Once daily after ovulation or the day of hCG for 10 days.	Biogest 200mg Pessaries Twice daily till week 10 of Pregnancy
Women undergoing ART (IVF/ICSI) or Ovulation induction with C.C	Biogest 100mg I.M. ampoule Once daily after ovulation or the day of hCG for 10 days.	After + VE Pregnancy test Biogest 200mg Pessaries Twice daily till week 10 of Pregnancy



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