Summary of Product Characteristics for Pharmaceutical Products

1. Name of the medicinal product:
Rephaston® 10mg Tablet.

2. Qualitative and quantitative composition
Each Rephaston® Tablet contains Dydrogesterone 10mg.

Excipients with known effect:
This product contains Lactose.
For a full list of excipients, see section 6.1.

3. Pharmaceutical form
Physical Appearance: 7.0 mm, White colored aqueous film coated tablet, Round Biconvex, one side contains 'R' logo and other side is bisect.

4. Clinical particulars

4.1 Therapeutic indications
Rephaston® is indicated for the treatment of progesterone deficiencies such as:
• Treatment of dysmenorrhea (painful menstruation)
• Treatment of endometriosis (growth of uterine tissues outside the uterus with associated symptoms)
• Treatment of secondary amenorrhea (cessation of menstruation)
• Treatment of irregular cycles
• Treatment of dysfunctional uterine bleeding
• Treatment of premenstrual syndrome
• Treatment of threatened and habitual abortion, associated with proven progesterone deficiency.
• Treatment of infertility due to luteal insufficiency

Hormone replacement therapy
Rephaston® is indicated to counteract the effects of unopposed estrogen on the endometrium (inner lining of the uterus) in hormone replacement therapy for women with disorders due to naturally or surgically induced menopause with an intact uterus.

4.2 Posology and method of administration
Posolgy for specific indications:
Dysmenorrhea (painful menstruation):
Take one tablet twice daily from day 5 to day 25 of the cycle. Endometriosis (abnormal growth of uterine tissues outside the uterus) Take one tablet two or three times daily from day 5 to day 25 of the cycle or continuously (as prescribed by your doctor). Dysfunctional bleeding (to stop bleeding)
Take one tablet twice dally for five to seven days.
Dysfunctional bleeding (to prevent bleeding):
Take one tablet twice daily from day 11 to day 25 of the cycle
Amenorrhea (cessation of menstruation):

Your doctor should prescribe an estrogen along with Rephaston®. Then take the estrogen once daily from day 1 to day 25 of the cycle, together with one tablet of dydrogesterone twice daily from day 11 to day 25 of the cycle.

Premenstrual syndrome:

Take one tablet twice daily from day 11 to day 25 of the cycle.

Irregular cycles:

Take one tablet twice daily from day 11 to day 25 of the cycle.

Threatened abortion:

Take four tablets at once, then one tablet every 8 hours until symptoms abate.

Habitual abortion:

Take one tablet twice daily until the twentieth week of pregnancy.

Infertility due to luteal (yellow body) insufficiency

Take one tablet daily from day 14 to 25 of the cycle. Continue the treatment for at least six consecutive cycles. In addition, it is advisable to continue treatment for the first few months of pregnancy as described under 'Habitual abortion'. If you are uncertain about how long to continue the treatment, talk to your doctor.

For hormone replacement therapy:

•In combination with continuous estrogen therapy, take one tablet daily for 14 consecutive days of a 28-day cycle.

•In combination with cyclical estrogen therapy, take one tablet daily during the last 12 to 14 days of estrogen therapy.

4.3 Contraindications

Do not take Rephaston® if you;

• are hypersensitive (allergic) to the active substance or to any of the excipients.

• have a known or suspected progestogen dependent neoplasm.

• have undiagnosed vaginal bleeding.

are using this medicine to prevent endometrial hyperplasia, specifically if patient is also taking estrogens.

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4.4 Special warnings and precautions for use

The cause of abnormal bleeding must be investigated (and found if possible) before your doctor can prescribe this medication to you to treat this problem. Treatment with dydrogesterone has infrequently been associated with alterations in liver function, sometimes accompanied by clinical symptoms if you suffer from acute liver disease, or have a history of liver disease your doctor will carefully evaluate your case before, prescribing this medicine to you. Some people experience breakthrough bleeding when treated with dydrogesterone.

Endometrial hyperplasia (abnormal growth of the inner lining of the uterus):

Long-term use of estrogens without the addition of a progestogen increases the chance of endometrial hyperplasia and endometrial

carcinoma (cancer) in women with an intact uterus. This risk may largely be prevented by combining the estrogen therapy for at least 12 days per cycle with a progestagen, such as dydrogesterone, the active ingredient in Rephaston®.

Venous thromboembolism:

Hormone replacement therapy is associated with a higher relative risk for the occurrence of a venous thromboembolism (VTE), that is deep vein thrombosis or pulmonary embolism.One randomized controlled study and epidemiological studies report a two to three times higher risk of VTE among users of HRT compared with women who do not use HRT.

If a VTE develops after starting the therapy, you must stop taking Rephaston® (your doctor will discontinue the prescription). Also, contact your doctor immediately if any potentially thromboembolic symptoms occur (for example: painful swelling of a leg, sudden pain in the chest, shortness of breath).

Coronary heart disease:

Randomized controlled studies have not provided any evidence of a favourable effect of continuous combined conjugated estrogen and medroxyprogesterone acetate on the risk of coronary heart disease (i.e.: no positive influence on the risk of coronary heart disease seen during HRT).

Cerebrovascular accident (CVA):

In one large randomized clinical trial (WHI study) in healthy women, as a secondary outcome, an increased risk of ischemic CVA was reported during treatment with continuous combined conjugated estrogen with medroxyprogesterone.

4.5 Interaction with other medicinal products and other forms of interaction

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines including medicines obtained without a prescription. No interaction studies have been performed.

4.6 Pregnancy and Lactation

Ask your doctor or pharmacist for advice before taking any medicine during pregnancy.

It is estimated that altogether roughly 35 million women have been treated with dydrogesterone. Although the number of pregnancies is difficult to estimate, as an approximation it can be assumed that fetuses were exposed to dydrogesterone in around nine million pregnancies (this high exposure in pregnancy is due to the fact that dydrogesterone has pregnancy related indications in large parts of the world). From spontaneous surveillance systems to date, there is no evidence that dydrogesterone cannot be used during pregnancy.

Dydrogesterone should not be used during breast-feeding.

4.7 Effects on ability to drive and use machines

Rephaston® has a minor influence on the ability to drive and use machines.

Infrequently, dydrogesterone may cause mild somnolence and/or dizziness, especially within the first few hours after intake. Therefore, care should be taken when driving or using machines.

4.8 Undesirable effects

Like all medicines, Rephaston® may cause side effects. If you notice any side effects not mentioned in this leaflet, or if any of the side effects gets serious, please inform your doctor or pharmacist.
The frequencies of study related side effects are ranked according to the following:
Common: Between 1 and 10 cases in 100 treated patients.
Uncommon: Less than one case in 100 treated patients.
Rare: Less than one case in 1000 treated patients.
The undesirable effects reported in clinical trials and/or in post marketing experience following dydrogesterone therapy are (according to the MedDRA organ classification system):
Nervous system disorders
Common: Migraines/ headache Hepatobiliary disorders.
Uncommon: Abnormal hepatic function (with jaundice, asthenia (weakness) or malaise, and abdominal pain).
Skin and subcutaneous tissue disorders
Uncommon: Allergic dermatitis (e.g. rash, pruritus (itching), urticaria (hives).
Reproductive system and breast disorders
Common: Metrorrhagia (uterine bleeding not associated with menstruation)
Uncommon: Breast pain/ tenderness General disorders and administration site conditions.
Other adverse reactions obtained from the market with unknown frequency in association with dydrogesterone treatment:
•Neoplasms benign, malignant and unspecified (incl. cysts and polyps)
• Increase in size of progestogen dependent neoplasms
• Psychiatric disorders
• Depressed mood
• Reproductive system and breast disorders
• Breast swelling

4.9 Overdose

Limited data are available with regard to overdose in humans. Dydrogesterone was well tolerated after oral dosing (maximum daily dose taken to date in humans 360 mg). There are no specific antidotes and treatment should be symptomatic.

5. Pharmacological properties

5.1 Pharmacodynamic properties

ATC Code: G03 DB01
Pharmacotherapeutic group: Genito Urinary system and sex hormones
Mechanism of action:

Dydrogesterone is an orally active progestogen which acts directly on the uterus, producing a complete secretory endometrium in an estrogen-primed uterus. At therapeutic levels, Dydrogesterone has no contraceptive effect as it does not inhibit or interfere with ovulation or the corpus luteum. Furthermore, dydrogesterone is non-androgenic, non-estrogenic, non-corticoid, non-anabolic and is not excreted as pregnanediol.

Dydrogesterone is a progestogen that works by regulating the healthy growth and normal shedding of the womb lining by acting on progesterone receptors in the uterus.

5.2 Pharmacokinetic properties

Absorption: Rapidly absorbed in the gastrointestinal tract with a bioavailability of 28%.

Distribution: After intravenous administration of Dydrogesterone the steady-state distribution volume is around 1400 ml. More than 90% of Dydrogesterone and DHD are bound to plasma-proteins.

Metabolism: Metabolism is complete to a 20-dihydrodydro gesterone (DHD) metabolite.

Elimination: After oral administration of labelled Dydrogesterone on average 63% of the dose is excreted in the urine. The total plasma clearance is 6.41/minute. Within 72 hours the excretion is complete.

5.3 Preclinical safety data

Not applicable.

6. Pharmaceutical Particulars

6.1 List of Excipients

Lactose Monohydrate
Maize Starch
Hypromellose (12-18cps)
Silica, Colloidal Anhydrous
Magnesium Stearate
Purified Water
Hypromellose (12-18cps)
Polyethylene Glycol (6000)
Titanium Dioxide

6.2 Incompatibilities

Not applicable.

6.3 Shelf-Life

Two (2) years from the date of manufacturing.

6.4 Special Precautions for storage

Store in a cool (below 300C) and dry place, away from light & moisture. Keep all medicines out of reach of children.

6.5 Nature and Content of container

The product is available in Alu- PVC Blister. Each IFC – Carton contains 2 blisters and one blister contains 10 tablets with one insert.

6.6 Special precautions for disposal and other handling

7. Marketing Authorization Holder

Renata Limited
Section-7, Milk Vita Road, Dhaka-1216, Bangladesh
Telephone: 880-2-9031012-3, 880-2-9034352
Telefax: 880-2-9031956, 9004369

8. Marketing Authorization Number

002-476-056

9. Date of first authorization/renewal of the authorization

September 2022

10. Date of revision of the text

May 2025