medroxyPROGESTERone†
(medroxy-proge-ster-one)
Depo-Provera, Depo-Sub Q Provera 104, Medroxy, Provera

Classification
Therapeutic: antineoplastics, contraceptive hormones
Pharmacologic: hormones, progestins

Pregnancy Category X
This contraceptive use see Contraceptives, Hormonal monograph

Indications
To decrease endometrial hyperplasia in postmenopausal women receiving concurrent estrogen (0.625 mg/day conjugated estrogen). Treatment of secondary amenorrhea and abnormal uterine bleeding caused by hormonal imbalance. IM: Treatment of advanced unresponsive endometrial or renal carcinoma. (Prevention of pregnancy, Management of endometrosis-associated pain (Depo-SubQ) Provera 104 only). Unlabeled Use: Obesity-hypoventilation (pickwickian) syndrome. sleep apnea. hypersomnolence.

Action
A synthetic form of progesterone — actions include secretory changes in the endometrium, increases in basal body temperature, histologic changes in vaginal epithelium, relaxation of uterine smooth muscle, mammary alveolar tissue growth, pituitary inhibition, and withdrawal bleeding in the presence of estrogen.

Therapeutic Effects:

Pharmacokinetics
Absorption: 0.6–10% absorbed after oral administration.
Distribution: Enters breast milk.
Metabolism and Excretion: Metabolized by the liver.
Half-Life: 14.5 hr (oral); 230 min (oral); 52 min (oral); 1 wk (oral); 1 wk (oral).

TIME/ACTION PROFILE (IM = antineoplastic effect)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM</td>
<td>5 wk</td>
<td>2 mo</td>
<td>unknown†</td>
</tr>
<tr>
<td>SC</td>
<td>unknown</td>
<td>1 wk</td>
<td>3 mo</td>
</tr>
</tbody>
</table>

†Contraceptive effect lasts 3 mo

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Hypersensitivity to parabens (IM suspension only); Missed abortion; Thromboembolic disease; Cerebrovascular disease; Severe liver disease; Breast or genital cancer; Porphyria; OB: May ↑ risk of fetal genito-urinary malformation.

Use Cautiously in: History of liver disease; Renal disease; Cardiovascular disease; Seizure disorders; Mental depression; Lactation: If used as a contraceptive, wait 6 wk after delivery of breast feeding.

Adverse Reactions/Side Effects
CNS: depression.
EENT: retinal thrombosis.
CV: PULMONARY EMBOLISM, thromboembolism, thrombophlebitis. GI: drug-induced hepatitis, gingival bleeding.
GU: cervical erosions.
Derm: chloasma, melasma, rashes.

Interactions
Drug-Drug: May ↓ effectiveness of bromocriptine when used concurrently for galactorrhea/amenorrhea. Contraceptive effectiveness may be ↓ by carbamazepine, phenobarbital, phenytoin, rifampin, or rifabutin.

Route/Dosage
Postmenopausal Women Receiving Concurrent Estrogen
PO (Adults): 5–10 mg daily for 5–10 days, start at any time in cycle.

MedroxyPROGESTERone (Depo-Provera) 104
PO (Adults): 5–10 mg monthly for 5–10 days, start at any time in cycle.

†Discontinued.
Dysfunctional Uterine Bleeding/Induction of Menses

PO (Adults): 5–10 mg/day for 5–10 days, starting on day 16 or day 21 of menstrual cycle.

Renal or Endometrial Carcinoma

IM (Adults): 400–1000 mg, may be repeated weekly; if improvement occurs, attempt to decrease dose to 400 mg/monthly.

Endometriosis-Associated Pain

Subcut (Adults): 104 mg every 12–14 wk (3 mo), beginning on day 5 of normal menses (not recommended for more than 2 yr).

NURSING IMPLICATIONS

Assessment

- Monitor BP periodically during therapy.
- Assess patient’s usual menstrual history. Administration of drug may begin on any day of cycle in patients with amenorrhea and on day 16 or 21 of cycle in patients with dysfunctional bleeding.
- Monitor intake and output ratios and weekly weight. Report significant discrepancies or steady weight gain.
- Lab Test Considerations: Monitor hepatic function before and periodically during therapy.
- May cause alkaline phosphatase levels. May cause pregnanediol excretion concentrations.
- May cause serum LDL concentrations or HDL concentrations.
- May alter thyroid hormone assays.

Potential Nursing Diagnoses

- Ineffective tissue perfusion (Side Effects)

Implementation

- PO: Do not confuse Depo-Provera with Depo-subQ Provera 104. Do not confuse Provera (medroxyprogesterone) with Proscar (finasteride) or Prozac (fluoxetine).
- IM: Shake vial vigorously before preparing IM dose. Administer deep IM into gluteal or deltoid muscle. If period between injections is >14 wk, determine that patient is not pregnant before administering the drug.
- Subcut: Shake vigorously before use to form a uniform suspension. Inject slowly over 5–7 seconds at a 45° angle into fatty area of anterior thigh or abdomen every 12 to 14 wk. If more than 14 wk elapse between injections, rule out pregnancy prior to administration. Do not rub area after injection.
- Subcut: Shakes vigorously before preparing IM dose. Administer deep IM into gluteal or deltoid muscle. If period between injections is >14 wk, determine that patient is not pregnant before administrating the drug.
- IM dose may initially be required weekly. Once stabilized, IM dose may be required every month.

Patient/Family Teaching

- Explain the dose schedule. Instruct patient to take medication at the same time each day. Take missed doses as soon as remembered, but do not double doses.
- Advise patients receiving medroxyprogesterone for menstrual dysfunction to anticipate withdrawal bleeding 3–7 days after discontinuing medication.
- Advise patient to keep a 1-mo supply of medroxyprogesterone available at all times.
- Instruct patient to use an alternative method of menstrual contraception.
- Advise women of reproductive potential to use a barrier method of contraception with each coitus.
- Advise patient to wear sunscreen or protective clothing when outdoors.

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CONTINUED

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● Instruct patient to notify health care professional if menstrual period is missed or if pregnancy is suspected. Patient should not attempt conception for 3 mo after discontinuing medication in order to decrease risk to fetus.

● Emphasize the importance of routine follow-up physical exams, including BP, breast, abdomen, and pelvic exams, and Pap smears every 6–12 mo.

● IM, Subcut: Advise patient to maintain adequate amounts of dietary calcium and vitamin D to help prevent bone loss.

Evaluation/Desired Outcomes

● Regular menstrual periods.

● Decrease in endometrial hyperplasia in postmenopausal women receiving concurrent estrogens.

● Control of the spread of endometrial or rectal cancer.

● Prevention of pregnancy.

Why was this drug prescribed for your patient?