

Package leaflet: Information for the patient

Conjugated oestrogens/medroxyprogesterone acetate Pfizer 0.3mg/1.5mg Modified-Release Tablets

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
If you have further questions, ask your doctor or pharmacist.
This medicine has been prescribed for you only. Do not pass it on to others.
If you get any side effects, talk to your doctor or pharmacist.

What is in this leaflet

- 1. What this medicine is and what it is used for
2. What you need to know before you take this medicine
3. How to take this medicine
4. Possible side effects
5. How to store this medicine
6. Contents of the pack and other information

1. What this medicine is and what it is used for

This medicine is a Hormone Replacement Therapy (HRT). It contains two types of female hormones, an oestrogen and a progestogen (medroxyprogesterone acetate). It is used to treat some of the symptoms and conditions associated with the menopause.

This medicine is used for:

Relief of symptoms occurring after menopause

During the menopause, the amount of the oestrogen produced by a woman's body drops. This can cause symptoms such as hot face, neck and chest ("hot flushes"). This medicine alleviates these symptoms after menopause.

You must talk to a doctor if you do not feel better or if you feel worse.

2. What you need to know before you take this medicine

Medical history and regular check-ups

The use of HRT carries risks which need to be considered when deciding whether to start taking it, or whether to carry on taking it.

The experience in treating women with a premature menopause (due to ovarian failure or surgery) is limited. If you have a premature menopause the risks of using HRT may be different.

Before you start (or restart) HRT, your doctor will ask about your own and your family's medical history. Your doctor may decide to perform a physical examination. This may include an examination of your breasts and/or an internal examination, if necessary.

Once you have started on this medicine you should see your doctor for regular check-ups (at least once a year). At these check-ups, discuss with your doctor the benefits and risks of continuing with this medicine.

Go for regular breast screening, as recommended by your doctor.

Do not take this medicine

If any of the following applies to you. If you are not sure about any of the points below, talk to your doctor before taking this medicine.

Do not take this medicine:

- If you are allergic to conjugated oestrogens or medroxyprogesterone acetate or any of the other ingredients of this medicine.
If you have or have ever had breast cancer, or if you are suspected of having it.
If you have cancer which is sensitive to oestrogens, such as cancer of the womb lining.
If you have unexplained vaginal bleeding.
If you have excessive thickening of the womb lining.
If you have a blood clot in a vein.
If you have a blood clotting disorder.

- If you have or recently have had a disease caused by blood clots in the arteries.
If you have or have ever had a liver disease and your liver function tests have not returned to normal.
If you have a rare blood problem called "porphyria".
If you are pregnant, or you are breast-feeding.

If any of the above conditions appear for the first time while taking this medicine, stop taking it at once and consult your doctor immediately.

Warning and precautions

Talk to your doctor or pharmacist before taking this medicine. Tell your doctor if you have ever had any of the following problems, before you start the treatment, as these may return or become worse during treatment with this medicine.

- fibroids inside your womb
growth of womb lining outside your womb (endometriosis) or a history of excessive growth of the womb lining (endometrial hyperplasia)
increased risk of developing blood clots
increased risk of getting an oestrogen-sensitive cancer
high blood pressure
heart disease
a liver disorder
diabetes
gallbladder disease or gallstones
migraine or severe headaches
fluid retention due to cardiac or kidney problems
a disease of the immune system that affects many organs of the body
epilepsy
asthma
a disease affecting the eardrum and hearing
low blood calcium levels
a very high level of fat in your blood
a meningioma

Stop taking this medicine and see a doctor immediately

- Any of the conditions mentioned in the 'DO NOT take this medicine' section.
Yellowing of your skin or the whites of your eyes (jaundice). These may be signs of a liver disease.

- A large rise in your blood pressure (symptoms may be headache, tiredness, dizziness).
Migraine-like headaches which happen for the first time.
If you become pregnant.
Have an allergic reaction, signs of which include rash, itching, shortness of breath, difficulty breathing and a swollen face.
If you notice signs of a blood clot, such as: painful swelling and redness of the legs, sudden chest pain, difficulty in breathing.

Note: This medicine is not a contraceptive. If it is less than 12 months since your last menstrual period or you are under 50 years old, you may still need to use additional contraception to prevent pregnancy.

HRT and cancer Excessive thickening of the lining of the womb (endometrial hyperplasia) and cancer of the lining of the womb (endometrial cancer)

Taking oestrogen-only HRT will increase the risk of excessive thickening of the lining of the womb (endometrial hyperplasia) and cancer of the womb lining (endometrial cancer). The progestogen in this medicine protects you from this extra risk.

If you still have your womb, your doctor may prescribe a progestogen as well as oestrogen. If so, these may be prescribed separately, or as a combined HRT product.

If you have had your womb removed (a hysterectomy), your doctor will discuss with you whether you can safely take oestrogen without a progestogen.

If you've had your womb removed because of endometriosis, any endometrium left in your body may be at risk. So your doctor may prescribe HRT that includes a progestogen as well as an oestrogen.

Irregular bleeding

You may have irregular bleeding or drops of blood (spotting) during the first 3-6 months of taking this medicine.

- However, if the irregular bleeding: carries on for more than the first 6 months, starts after you have been taking this medicine for more than 6 months, carries on after you have stopped taking this medicine.

Breast Cancer

Women who have breast cancer, or have had breast cancer in the past, should not take HRT.

Evidence shows that taking combined oestrogen-progestogen or oestrogen-only hormone replacement therapy (HRT) increases the risk of breast cancer. The extra risk depends on how long you use HRT.

The additional risk becomes clear within 3 years of use. After stopping HRT the extra risk will decrease with time, but the risk may persist for 10 years or more if you have used HRT for more than 5 years.

Your risk of breast cancer is also higher: if you have a close relative (mother, sister or grandmother) who has had breast cancer, if you are seriously overweight.

Compare

Women aged 50 to 54 who are not taking HRT, on average, 13 to 17 in 1000 will be diagnosed with breast cancer over a 5-year period. For women aged 50 who start taking oestrogen-only HRT for 5 years, there will be 16-17 cases in 1000 users.

Women aged 50 to 59 who are not taking HRT, on average, 27 in 1000 will be diagnosed with breast cancer over a 10-year period.

For women aged 50 who start taking oestrogen-only HRT for 10 years, there will be 34 cases in 1000 users. For women aged 50 who start taking oestrogen-progestogen HRT for 10 years, there will be 48 cases in 1000 users.

Regularly check your breasts. See your doctor if you notice any changes, such as:

- dimpling of the skin
changes in the nipple
any lumps you can see or feel.

Ovarian Cancer

Ovarian cancer (cancer of the ovaries) is rare - much rarer than breast cancer, but it is serious. It can be difficult to diagnose, because there are often no obvious signs of the disease. The use of oestrogen-only or combined oestrogen-progestogen HRT has been associated with a slightly increased risk of ovarian cancer.

The risk of ovarian cancer varies with age. For example, in women aged 50 to 54 who are not taking HRT, about 2 women in 2000 will be diagnosed with ovarian cancer over a 5-year period. For women who have been taking HRT for 5 years, there will be about 3 cases per 2000 users.

Effect of HRT on heart and circulation

Blood Clots in a vein (thrombosis)

The risk of blood clots in the veins (also called deep vein thrombosis, or DVT) is about 1.3 to 3-times higher in HRT users than in non-users, especially during the first year of taking it.

Blood clots can be serious, and if one travels to the lungs, it can cause chest pain, breathlessness, fainting or even death. This condition is called pulmonary embolism, or PE.

DVT and PE are examples of a condition called venous thromboembolism, or VTE.

You are more likely to get a blood clot in your veins as you get older or if any of the following

applies to you. Inform your doctor if any of these situations applies to you:

- you are unable to walk for a long time because of major surgery, injury or illness
you are seriously overweight (BMI >30 kg/m²)
you have any blood clotting problem that needs treatment with a medicine used to prevent blood clots
if any of your close relatives has ever had a blood clot in the leg, lung or another organ
you have systemic lupus erythematosus (SLE)
you have cancer
you have had a blood clot before
you are pregnant or have recently had a baby.

For signs of a blood clot, see "Stop taking this medicine and see a doctor immediately".

Compare

Looking at women in their 50s who are not taking HRT on average, over a 5-year period, 4 to 7 in 1000 would be expected to get a blood clot in a vein.

For women in their 50s who are taking oestrogen-progestogen HRT for over 5 years, there will be 9 to 12 cases in 1000 users.

Heart Disease (heart attack)

HRT is not recommended for women who have heart disease, or have had heart disease recently. If you have ever had heart disease, talk to your doctor to see if you should be taking HRT.

There is no evidence that HRT will prevent a heart attack.

Women over the age of 60 who use oestrogen-progestogen HRT are slightly more likely to develop heart disease than those not taking any HRT.

If you get:

- a pain in your chest that spreads to your arm or neck.
See a doctor as soon as possible and do not take any more HRT until your doctor says you can.

Stroke

The risk of getting stroke is about 1.5 times higher in HRT users than in non-users. The number of extra cases of stroke due to use of HRT will increase with age.

Other things that can increase the risk of stroke include:

- getting older
high blood pressure
smoking
drinking too much alcohol
an irregular heartbeat.

If you are worried about any of these things, or if you have had a stroke in the past, talk to your doctor to see if you should take HRT.

Compare

Looking at women in their 50s who are not taking HRT on average 8 in 1000 would be expected to have a stroke over a 5-year period.

For women in their 50s who are taking HRT, the figure would be 11 cases in 1000 users, over 5 years (i.e. an extra 3 cases).

If you get:

- unexplained migraine-type headaches, with or without disturbed vision.
See a doctor as soon as possible and do not take any more HRT until your doctor says you can.

Other conditions

HRT will not help prevent memory loss. There is some evidence of a higher risk of memory loss in women who start using HRT after the age of 65.

Women with hypertriglyceridemia (high levels of fatty substances in the blood) may experience large increases of their plasma triglycerides, which can lead to inflammation of the pancreas (pancreatitis). Symptoms of pancreatitis include sudden sharp abdominal pains, abdominal swelling, fever and feeling or being sick.

If you are taking thyroid hormone replacement therapy (e.g. thyroxine), your doctor may monitor your thyroid function more often when you start treatment.

Other medicines and this medicine Tell your doctor or pharmacist if you are taking, have recently taken or might take any other



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medicines, herbal remedies or other natural products. Your doctor will advise you. Some medicines may interfere with the effect of this medicine. This might lead to irregular bleeding. This applies to the following medicines:

- Medicines for epilepsy (such as phenobarbital, phenytoin and carbamazepine).
Medicines for tuberculosis (such as rifampicin, rifabutin).
Medicines for HIV infection (such as nevirapine, efavirenz, ritonavir and nelfinavir).
Herbal remedies containing St. John's wort (Hypericum perforatum).

please turn over

Table with 4 columns: Pfizer Spec Details, Pfizer Newbridge, Perigord, and Print/Non-Print Colors. Contains technical specifications like Component Code, Version/Proof, PAR Number, and Dimensions.

TRAVEL DIRECTION

- Metyrapone (most commonly used in the treatment of Cushing's syndrome).
- Aminoglutethimide (most commonly used in the treatment of breast cancer and Cushing's syndrome).

HRT can affect the way some other medicines work:

- A medicine for epilepsy (lamotrigine), as this could increase frequency of seizures.

Laboratory tests

If you need a blood test, tell your doctor or the laboratory staff that you are taking this medicine, because this medicine can affect the results of some tests.

Pregnancy, breast-feeding and fertility

This medicine is for use in postmenopausal women only. If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

Driving and using machines

There is no evidence to suggest this medicine will affect your ability to drive or to operate machines.

If you are not currently taking HRT or you are taking another period-free HRT, you may start your first pack of this medicine at any convenient time.

If you are changing from an HRT product that gives you a monthly bleed, start this medicine the day after you finish the course of the previous product, unless instructed otherwise by your doctor.

Begin your pack of this medicine by taking the first tablet marked for that day of the week. Continue to take one tablet each day following the arrows until all 28 tablets have been taken.

While you are taking this medicine you will have no tablet-free days. You should start your next pack the day after you finish the previous one.

This medicine does not cause periods. However, you may experience some irregular bleeding or light bleeding (spotting) during your first few months of taking this medicine. If the bleeding is troublesome, or continues beyond the first 3 months of treatment you should discuss this with your doctor (see section titled **Irregular bleeding** above).

Do not try to take off the coating, divide or crush the tablets as this could affect the way this medicine works.

If you take more of this medicine than you should
If you take too many tablets don't worry. You may feel some nausea (sickness), breast tenderness, dizziness, abdominal pain, drowsiness, fatigue or experience a short period of vaginal bleeding, but it is unlikely that serious problems will result. If you are concerned talk to your doctor or pharmacist.

If you forget to take this medicine

If you forget to take a tablet don't worry. Take it as soon as you remember and then carry on taking the remaining tablets at the usual time.

If more than one tablet has been forgotten, do not take extra to try to make up for the forgotten tablets.

Missed tablets may cause a short period of light bleeding in women who have not had a hysterectomy.

If you need to have surgery

If you are going to have surgery make sure your doctor knows about it and/or tell the surgeon that you are taking this medicine. You may need to stop taking this medicine about 4 to 6 weeks before the operation to reduce the risk of a blood clot (see section 2- **Blood Clots in a vein (thrombosis)**). Ask your doctor when you can start taking this medicine again.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The following diseases are reported more often in women using HRT compared to women not using HRT:

- breast cancer
- abnormal growth or cancer of the lining of the womb (endometrial hyperplasia or cancer)

- ovarian cancer
- blood clots in the veins of the legs or lungs (venous thromboembolism)
- heart disease
- stroke
- probable memory loss if HRT is started over the age of 65.

For more information about these side effects, see section 2.

Other side effects

Very common: may affect more than 1 in 10 women

- breast pain

Common: may affect up to 1 in 10 women

- breakthrough bleeding or spotting, vaginal inflammation, period pain
- breast tenderness, swollen breasts, nipple discharge
- depression
- muscle and joint aches, leg cramps
- weight change (increase or decrease)
- changes in your triglyceride levels (fatty substances in the blood)

Uncommon: may affect up to 1 in 100 women

- changes in menstrual flow, vaginal discharge
- vaginal thrush
- nausea, bloating, abdominal pain
- headache, migraine
- blood clots in the veins
- dizziness
- changes in mood including anxiety
- changes in your interest in sex (increased or decreased libido)
- visible swelling of the face or ankles
- itchiness, acne
- difficulty wearing contact lenses
- gallbladder disease (e.g. gallstones)
- hair loss

Rare: may affect up to 1 in 1,000 women

- vomiting
- changes in breast tissue, milky secretion from the breasts
- irritability
- allergic reactions including swelling, rash or red patches on the skin
- increase in hair growth
- an intolerance to glucose
- a worsening of asthma
- increased size of fibroids
- ovarian cancer
- worsening of epilepsy
- heart attack, stroke
- inflammation of veins just under the skin
- inflammation of the pancreas

Very rare: may affect up to 1 in 10,000 women

- jaundice (e.g. yellowing of the skin)
- a worsening of chorea (an existing neurological disorder characterised by involuntary spasmodic movements of the body)
- a worsening of hypocalcaemia (low blood levels of calcium)
- blurred vision or loss of vision
- worsening of porphyria (a rare inherited metabolic disorder)

- growth of benign liver tumours
- increase in blood pressure.

These side effects are usually temporary and should get better over time.

The following side effects have been reported with other HRTs:

- various skin disorders:
 - o painful reddish skin nodules (erythema nodosum)
 - o rash with target-shaped reddening or sores (erythema multiforme)
- memory loss (dementia).

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the Yellow Card Scheme website: www.mhra.gov.uk/yellowcard. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store this medicine

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date stated on the carton and blister after EXP. The expiry date refers to the last day of that month.

Do not store above 25°C. Keep the blister in the outer carton to protect from light.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What this medicine contains

- The active substances are conjugated oestrogens and medroxyprogesterone acetate. Each tablet contains 0.3 mg of conjugated oestrogens and 1.5 mg of medroxyprogesterone acetate (MPA).
- The other ingredients are lactose monohydrate, sucrose (see section 2, this medicine contains lactose monohydrate and sucrose), microcrystalline cellulose, hypromellose [(2208, K100M), (2910, E6), and (2910, E15)], magnesium stearate, hydroxypropyl cellulose, polyethylene glycol 400, ethyl acrylate, methacrylate, titanium dioxide (E171), yellow iron oxide (E172), carnauba wax, and edible ink that contains black iron oxide (E172), propylene glycol and hypromellose.

What this medicine looks like and contents of the pack

Conjugated oestrogens/medroxyprogesterone acetate Pfizer 0.3mg/1.5mg Modified-Release

Tablets are cream coloured and are marked "PREMPRO 0.3/1.5" with black ink.

This medicine is available in packs containing 28 or 84 tablets.

Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

The Marketing Authorisation Holder is:

Pfizer Limited
Ramsgate Road
Sandwich
Kent
CT13 9NJ
United Kingdom

The Manufacturer is:

Pfizer Ireland Pharmaceuticals Unlimited
Company
Little Connell
Newbridge
Co. Kildare
W12 HX57
Ireland

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25-1001275-01

Pfizer Spec Details		Pfizer Newbridge		Perigord		Date: 05 Mar 2025	Time: 19:37	Print Colors	Non-Print Colors
Packaging Plant	Newbridge	Component Code	25-1001275-01	Version/Proof	01	PAR Number	PAR-2025-1001275	Black	Profile
Spec Updated	26/02/2021	Component Type	MULTI FOLDING BOOKLET (Back)	Site/CMO	NEWBRIDGE	EPO		P666	Def Area
Spec N°	MFB 665x300_95x31	Market	UNITED KINGDOM	Layout	MFB 665x300 95X31 V1 P5	Smallest Text			Def Area Extension
Version N°	01	Size	665x300mm 95X31mm			8 pt			Instruction
Pass N°	05	Description	MFB CES/MPA PFE 0.3/1.5MG TFCE 3X28 UK			BODY TEXT Size			
Dimensions	665 x 300 mm (95x31 mm)					11 pt			
						Barcode N°			
						N/A			