



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** progesterone gel

**Brand Name:** Prochieve Gel 4% and 8%

**Medication Class:** hormone

**FDA Approved Uses:** Progesterone supplementation or replacement as part of an Assisted Reproductive Technology

**Usual Doses:** 90 mg once daily for progesterone supplementation  
90 mg twice daily in women with partial or complete ovarian failure who require progesterone replacement.

**Duration of Therapy:** Indefinite

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Failed/ intolerant to progesterone suppositories

**Contraindications:**

- Hypersensitivity to progesterone
- Undiagnosed vaginal bleeding
- Liver dysfunction or disease
- Known or suspected malignancy of the breast or genital organs
- Missed abortion
- History of hormone associated or active thrombophlebitis or thromboembolic disorders

**Not Approved if:**

- Patient has any contraindications to the use of progesterone



P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_