

# Best Practice Message

June 2024

## Oestradiol patches supply issues

### ***Practice changing moments***

- Global supply issues with oestradiol patches may continue for the foreseeable future 2025 and beyond. Consider if alternative oral treatment may be appropriate.
- Both Estradot® and Climara® patches can be halved if needed. The remaining half can be left in the pouch in a sealed container to be used for their next dose.
- Unfunded and Section 29 topical gels are available with limited supplies.
- Utrogestan® capsules are now fully funded with no restrictions and can be used for progestogenic opposition to oestrogen based MHT.

### **Introduction**

Symptoms of menopause can dramatically affect women's quality of life and occupational functioning during the menopausal transition. Only 20% of women will not experience any symptoms while another 20% will have severe symptoms which may continue into their sixties or later<sup>1</sup>. Hormone replacement therapy is currently considered to be the most effective treatment for vasomotor symptoms. Supply issues with oestradiol patches have been ongoing since 2020 due to supply chain issues, in combination with increasing demand globally.

### **Current Supplies**

Currently, there are very limited supplies available for all brands of oestradiol patches. However, some products are Section 29 (unregistered), and the pharmacy will require a new prescription if a patient needs to be switched. The Pharmacy will liaise with you if this is required.

### **Patches can be cut**

Both Estradot® and Climara® branded patches use an adhesive matrix to contain the oestradiol<sup>2,3</sup>. The drug will release by diffusion in proportion to the surface area of the patch<sup>4</sup>. For example, a 50mcg patch could be halved for a patient requiring a dose of 25mcg/day. The unused portion of the patch can then be returned to the foil lined pouch and stored in a zip lock bag placed in a cool dry place for their next application. This may result, however, in the adhesiveness of the patch being reduced. While there is little data available, because the Estradiol Transdermal system (Mylan) patches also utilise an adhesive matrix system<sup>5</sup>, they can also likely be cut. Cutting patches diagonally is recommended to ensure patches are cut exactly in half.

### **Alternative oral therapy**

An oral or transdermal gel (details in the table below) may be more suitable for many women, consider transitioning women without additional risk factors or medicine interactions to an oral formulation to provide their MHT. Women with additional risk factors are best to remain on transdermal (patches or gel)

- Migraine with aura
- Previous thromboembolism
- Liver disease or history of cholestasis
- History of cardiovascular disease
- Surgery in the previous 6 weeks.

Progestogenic opposition continues to be recommended for, patients who still have an intact uterus to prevent endometrial hyperplasia and uterine cancer<sup>6</sup>. Utrogestan® progesterone capsules are now fully funded with no restrictions and can be used for progestogenic opposition to oestrogen based MHT.

The following table (adapted from Australasian menopause society)<sup>7</sup> indicates products available in New Zealand. Products marked \* are partially funded. Products marked \*\* are **not funded**. Products marked <sup>s</sup> are section 29

<b>Oestrogen + Progestogen combination products</b>					
Product	Dose and Composition	Comments			
<b>Low dose</b>					
Kliovance*	1mg oestradiol/0.5mg norethisterone daily.				
Livial** <sup>s</sup>	2.5mg tibolone daily.	Has estrogenic and progestogenic activity.			
<b>Medium dose</b>					
Kliogest*	2mg oestradiol/1mg norethisterone daily.				
Trisequens*	1mg oestradiol/2mg oestradiol/1mg norethisterone.	Cyclical combination, usually used at perimenopause or <12 months since last period.			
<b>Individual Oestrogen and Progestogen products</b>					
<b>Oestrogen alone products</b>		<b>Progestogen therapy for use in patients with an intact uterus receiving oestrogen alone products</b>			
Product	Dose and Composition	Product	Dose and Composition		
<b>Low dose</b>					
<ul style="list-style-type: none"> <li>Estradot 25</li> <li>Estraderm MX 25<sup>s</sup></li> <li>Estradiol Transdermal System (Mylan) 25<sup>s</sup></li> </ul>	25mcg oestradiol twice weekly.	Provera 2.5	2.5mg medroxyprogesterone acetate daily.		
		Primolut N	1.25mg norethisterone (quarter of a tablet) daily.		
		Estrofem 1mg*	1mg oestradiol daily.	Utrogestan	100mg daily for 25 days in a 28 day cycle, or 200mg daily for 12 days of a 28 day cycle, or 100mg daily (if risk of adherence issues).
Progynova 1mg	1mg oestradiol valerate daily.	Mirena	Approx. 0.2mg levonorgestrel release/24 hours.		
Premarin 0.3mg*	0.3mg conjugated equine oestrogen daily.				
<b>Medium dose</b>					
<ul style="list-style-type: none"> <li>Estradot 50</li> <li>Estraderm MX 50<sup>s</sup></li> <li>Estradiol Transdermal System (Mylan) 50<sup>s</sup></li> </ul>	50mcg oestradiol twice weekly.	Provera 5	5mg medroxyprogesterone acetate daily.		
		Climara 50	50mcg oestradiol once weekly.	Primolut N	1.25mg norethisterone (quarter of a tablet) daily.
		Estrofem 2mg*	2mg oestradiol daily.	Utrogestan	100mg daily for 25 days in a 28 day cycle, or 200mg daily for 12 days of a 28 day cycle, or 100mg daily (if risk of adherence issues).
Progynova 2mg	2mg oestradiol valerate daily.				
Premarin 0.625mg*	0.625mg conjugated equine oestrogen daily.	Mirena	Approx. 0.2mg levonorgestrel release/24 hours.		
<b>High dose</b>					
<ul style="list-style-type: none"> <li>Estradot 75</li> <li>Estradiol Transdermal System (Mylan) 75<sup>s</sup></li> </ul>	75mcg oestradiol twice weekly.	Provera 10	10mg medroxyprogesterone acetate daily.		
		<ul style="list-style-type: none"> <li>Estradot 100</li> <li>Estraderm MX 100<sup>s</sup></li> </ul>	100mcg oestradiol twice weekly.	Primolut N	2.5mg norethisterone (half of a tablet) daily.
Climara 75	75mcg oestradiol once weekly.			Mirena	Approx. 0.2mg levonorgestrel release/24 hours.
		Climara 100	100mcg oestradiol once weekly.		

Topical Gel

Oestradiol 0.06% gel Pump pack**	1 pump is 0.75mg oestradiol (low dose). 2 pumps 1.5mg (med dose) 3-4 pumps 2.25-3mg (high dose)  Applied to outer arm/inner thigh	Estrogel <sup>§</sup>  S29	See low, medium, or high dose oestrogen above
Oestradiol Transdermal Gel Sachet**	0.5 sachet is 0.5mg oestradiol (low dose). 1 sachet is 1mg (med dose) 2-3 sachets is 2mg – 3mg (high dose)  Applied to lower abdomen	Sandrena <sup>§</sup>  S29	See low, medium, or high dose oestrogen above

**Tools:**

- [PHARMAC Medicines notices \(includes supply issues\)](#)
- [NZF: Menopausal hormone therapy](#)

**References:**

1. Col NF, Guthrie JR, Politi M, Dennerstein L. Duration of vasomotor symptoms in middle-aged women: a longitudinal study. *Menopause*. 2009 May;16(3):453–7.
2. Novartis New Zealand Limited. Estradot Data Sheet [Internet]. Medsafe; 2020 [cited 2022 Oct 10]. Available from: <https://www.medsafe.govt.nz/profs/datasheet/e/estradotpatch.pdf>
3. Bayer New Zealand Limited. Climara Data sheet [Internet]. Medsafe; 2021 [cited 2022 Oct 10]. Available from: <https://www.medsafe.govt.nz/profs/datasheet/c/Climaratransderm.pdf>
4. Ball AM, Smith KM. Optimizing transdermal drug therapy. *American Journal of Health-System Pharmacy*. 2008 Jul 15;65(14):1337–46.
5. Mylan Pharmaceuticals Inc. Estradiol Patch (Mylan) Data Sheet. FDA; 2021.
6. Brinton LA, Felix AS. Menopausal hormone therapy and risk of endometrial cancer. *The Journal of Steroid Biochemistry and Molecular Biology*. 2014 Jul 1;142:83–9.
7. AMS Guide to Equivalent MHT/HRT Doses New Zealand only - Australasian Menopause Society [Internet]. [cited 2022 Oct 10]. Available from: <https://www.menopause.org.au/hp/information-sheets/ams-guide-to-equivalent-mht-hrt-doses-australia-nz>

**Authored by:** Ben Firestone **Reviewed by:** Riani Albertyn

**Acknowledgements:**

Thanks to Dr Sam Newman and Brendan Duck for content contribution and guidance.

**Disclaimer:** The information and advice contained in this document is based upon evidence from available resources at our disposal at the time of publication, and reflects best practice. However, this information is not a substitute for clinical judgment and individualised medical advice. Health Hawke's Bay accepts no responsibility or liability for consequences arising from use of this information.