

HRT Treatment Options

Consider lifestyle first or in combination with treatment

HRT	Transdermal 1 st Line	Transdermal 2 nd Line	ORAL 1 st Line	ORAL 2 nd Line
Sequential combined Indications: <ul style="list-style-type: none"> Intact uterus Perimenopause <1yr since LMP Still menstruating 2 prescription charges 	Evorel Sequi		Elleste duet 1mg Elleste duet 2mg	Femoston 1/20 Femoston 2/10
Continuous combined Indications: <ul style="list-style-type: none"> Intact uterus >3yrs sequential combined >1yr since LMP >54 years 2 prescription charges 	Evorel Conti	Femseven Conti	Bijuve as 1 st line option 'One at night'	Femoston Conti 0.5/2.5 Femoston Conti 1/5
Oestrogen only Indications: <ul style="list-style-type: none"> Post hysterectomy IUS in situ and in date Uterus intact and taking oral progesterone 	Evorel 25, 50, 75, 100 patch Oestrogel 2-4 pump applications daily Lenzetto spray 1-3 pumps daily	Estradot 25, 37.5, 50, 75, 100 patch	Elleste Solo 1mg Elleste Solo 2mg	

Topical vaginal oestrogen For vaginal symptoms only	Vagifem or Vagirux pessaries 10mcg Estriol 0.1% Cream One pessary or applicatorful daily for 2 weeks then twice weekly
Progestogen adjunct to oestrogen if uterus intact	Mirena Levonorgestrel intrauterine system – 5 year use for endometrial protection (FSRH) Utrogestan (bioidentical micronized progesterone) 200mg once daily at bedtime orally for days 15-26 of 28 day cycle, OR 100mg daily at bedtime orally from days 1-25 Medroxyprogesterone 10mg daily orally for days 14-28 of each 28 day oestrogen HRT cycle Medroxyprogesterone 5mg daily orally for continuous combined

- First choice options based on evidence and cost effectiveness
- Consider Mirena Levonorgestrel-IUS or Utrogestan (bioidentical micronized progesterone) with the lowest effective transdermal oestrogen as the safest option

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