



HRT Shortages – Tips for women

Disclaimer: This resource aims to assist in prescribing decisions and offer women confidence about switching products. Always refer to British National Formulary for complete prescribing guidelines and Summary of Product Characteristics for details of products. The situation with HRT stocks is changing regularly and is correct at date of publication.

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- Are you a health care professional or woman trying to switch to an HRT that has good availability?
- Are you finding it hard to understand which are equivalents and how they match in terms of hormonal component and dose?

The HRTs mentioned below are ones that women have reported having availability issues. It may be that some are easier to get than others in some areas and some may not be included in all CCG formularies.

Bear in mind that women respond individually to HRT, so even the closest of matches may not always be as good as one they have been using. Even tablets that might seem identical might have different constituents.

Any change of HRT can lead to early side effects and a change in bleeding pattern. Three monthly review is recommended.

Potential stock issues	Possible substitute	Cautions or considerations
Elleste Duet 1mg	Novofem	May have different constituents
Elleste Duet 2mg	Novofem plus oral oestradiol 1mg	Off license use of extra oestradiol tablet in order to match dose
Elleste Duet Conti	Kliofem	Equivalent dose and type, may have different constituents
Evorel patches	Estradot, Estraderm Mx, Elleste solo Mx, Oestrogel, Sandrena	Oestrogen only patches and gels
Evorel sequi	Any 50mcg patch or equivalent gel continuously + Utrogestan 2x100mg nightly for 14 days each cycle.	Women can take the oral Utrogestan two weeks on, two weeks off to mimic the pattern of the cyclical patch regimen May lead to change in bleeding pattern Different progestogen
Evorel Conti	Any 50mcg oestrogen patch with Utrogestan 100mg nightly continuously	Off license use of Utrogestan Different progestogen May change bleeding pattern