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HRT preparations and equivalent alternatives

This document has been produced to provide healthcare professionals with information about equivalent HRT preparations.

The equivalence data included in this practical guide were based on a combination of pharmacokinetics, clinical trials and clinical experience. The dose equivalents included are subject to significant individual variations in absorption and metabolism. HRT practical prescribing including estradiol starting doses and subsequent dose increments should be guided by symptom control and the patient's clinical background.

CONTENTS

1. Sequential HRT preparations with transdermal estradiol	2	5. Combined sequential oral HRT preparations containing 2 mg of estradiol	6
2. Continuous combined HRT preparations with transdermal estradiol	3	6. Continuous combined oral HRT preparations containing 1 mg of estradiol	6
3. Transdermal estradiol only HRT, without progestogen	4	7. Continuous combined oral HRT preparations containing 2 mg of estradiol	7
4. Combined sequential oral HRT preparations containing 1 mg of estradiol	5	8. Estrogen only 1 mg oral HRT, without progestogen	8
		9. Estrogen only 2 mg oral HRT, without progestogen	9

1. Women taking sequential HRT preparations with transdermal estradiol can consider the following options:

Evorel Sequi patches

Provides transdermal estradiol with sequential progestogen (norethisterone)

Alternatively, women can consider transdermal estrogen delivery with an alternative progestogen by taking estrogen and progestogen separately:

Estrogen:

- **Evorel 50 patches**
- **Estradot 50 patches**
- **Estraderm 50 patches**
- **Femseven mono 50 patches**
- **Progynova TS 50 patches**

Or an estradiol gel preparation such as Oestrogel or Sandrena:

Oestrogel two measures daily would be equivalent to the estrogen dose in Evorel Sequi

Or **Sandrena 1mg sachet a day would be equivalent to the estrogen dose in Evorel Sequi**

Or **estradiol spray Lenzetto three sprays (40 mcgm) would be equivalent to the estrogen dose in Evorel Sequi**

Progestogen:

Micronised Progesterone: Utrogestan 200mg orally for 12 days a month at night (cyclical)

Or **Provera 10mg orally for 12 days a month**

Or **Norethisterone 5mg orally for 12 days a month**

Or **52mg Levonorgestrel IUD**

2. Women taking continuous combined HRT preparations with transdermal estradiol can consider the following options:

Evorel Conti patches

Evorel Conti patches: Transdermal estradiol with continuous progestogen (norethisterone)

Femseven Conti patches: Transdermal estradiol with continuous progestogen (levonorgestrel)

Alternatively, women can consider transdermal estradiol delivery with an alternative progestogen by taking estrogen and progestogen separately:

Estrogen:

- **Evorel 50 patches**
- **Estradot 50 patches**
- **Estraderm 50 patches**
- **Femseven 50 mono patches**

Or an **estradiol gel preparation** such as **Oestrogel** or **Sandrena**

Oestrogel two measures daily equivalent to the estrogen dose in **Evorel Conti**

Or **Sandrena 1mg sachet** a day would be equivalent to the estrogen in **Evorel Conti**

Or **estradiol spray Lenzetto** three sprays (40 mcgm) equivalent to the estrogen dose in Evorel Conti

Progestogen:

Micronised Progesterone: Utrogestan 100mg orally at night daily on continuous basis

Or **Provera a minimum of 2.5mg** orally daily on continuous basis

Or **Norethisterone 5mg** orally daily on continuous basis (1mg would be sufficient for use in a continuous combined regimen but not available in stand-alone preparations)

Off license use of norethisterone in progestogen only contraceptive pills (e.g. **Noriday** 3 x tablets of 350 micrograms a day, will provide 1.05mg of norethisterone) may be considered as an equivalent alternative.

Or **52mg Levonorgestrel IUD**

Or **Drospirenone 4 mg (Slynd)** 1 active hormonal tablet 4 mg can be taken daily on a continuous basis (omitting the 4 hormone free pills in the pack)

Off licence use of this progestogen-only contraceptive pill can be considered as an equivalent alternative for women experiencing progestogenic side effects with other preparations.

Earlier studies have reported that desogestrel 150 micrograms is effective as the progestogen component of HRT with no increase in the risk of endometrial hyperplasia. There is lack of evidence on the use of desogestrel 75 micrograms as the progestogen component of HRT.

If desogestrel 75 micrograms is used as contraception in women receiving HRT, it would be recommended to add further progestogen (e.g. Utrogestan 100 mg daily or 200 mg for 12 days a month) to provide adequate endometrial protection.

3. Women taking transdermal estradiol only HRT with a separate progestogen or who do not require progestogen (women who have had a hysterectomy) can consider:

Evorel (25/50/75/100)

Estradot patches (25/50/75/100)

Estradem patches (25/50/75/100)

Femseven mono (50/75/100)

Progynova TS (50/100).

For a dose of 25 can use half a patch of 50. For a dose of 75 can use 3/4 of a patch of 100.

Alternatively, could take a gel preparation such as **Oestrogel** or **Sandrena**:

Oestrogel:

If taking **Evorel 25: Oestrogel** one measure a day would give an equivalent.

If taking **Evorel 50: Oestrogel** two measures a day would give an equivalent.

If taking **Evorel 75: Oestrogel** three measures a day (2am and 1pm or vice versa) would give an equivalent.

If taking **Evorel 100: Oestrogel** 4 measures a day (2am and 2pm) would give an equivalent.

Or **Sandrena gel:**

If taking **Evorel 25: 0.5mg Sandrena** sachet a day would give an equivalent.

If taking **Evorel 50: 1mg Sandrena** sachet a day would give an equivalent.

Or **Lenzetto** three sprays (40 mcgm) equivalent to two measures of Oestrogel or 50 microgram patch.

4. Women taking a combined sequential oral HRT preparation containing 1mg of estradiol can consider the following:

Femoston 1/10 1mg estradiol + 10mg dydrogesterone

Elleste Duet™ 1mg estradiol + 1mg norethisterone acetate

Novofem 1mg estradiol + 1 mg norethisterone acetate

Or take **estrogen** and **progestogen** separately:

Oral estradiol 1mg and micronised progesterone

(taken separately: **Utrogestan 200mg** orally for 12 days a month at night (cyclical).

Or **Provera 10mg** orally for 12 days a month.

Or **Norethisterone 5mg** orally for 12 days a month.

Or **52mg Levonorgestrel IUD**

5. Women taking a combined sequential oral HRT preparation containing 2mg of estradiol can consider the following:

Femoston 2/10 2mg estradiol + 10mg dydrogesterone

Elleste Duet™ 2mg estradiol + 1mg norethisterone acetate

Trisequens 2mg/2mg/1mg estradiol + 1mg norethisterone acetate

Or take **estrogen** and **progestogen** separately:

Oral estradiol 2mg and micronised progesterone

(taken separately: **Utrogestan 200mg** orally for 12 days a month at night (cyclical).

Or **Provera 10mg** orally for 12 days a month.

Or **Norethisterone 5mg** orally for 12 days a month.

Or **52mg Levonorgestrel IUD**

6. Women taking a continuous combined oral HRT preparation containing 1mg of estradiol can consider the following:

Bijuve capsule 1mg estradiol + 100 mg progesterone

Femoston conti 1mg estradiol + 5mg dydrogesterone

Kliovance 1mg estradiol + 0.5mg norethisterone acetate

Indivina 1mg estradiol + 2.5mg medroxyprogesterone acetate

Indivina 1mg estradiol + 5mg medroxyprogesterone acetate

Or take **estrogen** and **progestogen** separately:

Oral estradiol 1mg + micronised progesterone: Utrogestan 100 mg orally at night daily on continuous basis

Or **Provera a minimum of 2.5mg** orally daily on continuous basis.

Or **Norethisterone 5mg** orally daily on continuous basis (1mg would be sufficient for use in a continuous combined regimen but not available in stand-alone preparations).

Off license use of norethisterone in progestogen only contraceptive pills (e.g. **Noriday 3 x tablets** of 350 micrograms a day, will provide 1.05 mg of norethisterone) may be considered as an equivalent alternative.

Or **52mg Levonorgestrel IUD**

Or **Drospirenone 4 mg (Slynd)** 1 active hormonal tablet 4 mg can be taken daily on a continuous basis (omitting the 4 hormone free pills in the pack)

Off licence use of this progestogen-only contraceptive pill can be considered as an equivalent alternative for women experiencing progestogenic side effects with other preparations.

7. Women taking a continuous combined oral HRT preparation containing 2mg of estradiol can consider the following:

Elleste Duet™ Conti 2mg estradiol + 1mg norethisterone

Kliofem 2mg estradiol + 1mg norethisterone acetate

Indivina 2mg estradiol + 5mg medroxyprogesterone acetate

Or take **estrogen** and **progestogen** separately:

Oral estradiol 2mg + micronised progesterone: Utrogestan 100mg orally at night daily on continuous basis.

Or **Provera a minimum of 2.5mg** orally daily on continuous basis.

Or **Norethisterone 5mg orally** daily on continuous basis (1mg would be sufficient for use in a continuous combined regimen but not available in stand-alone preparations).

Off license use of **norethisterone in progestogen only** contraceptive pills (e.g. **Noriday 3 x tablets** of 350 micrograms a day, will provide 1.05mg of **norethisterone**) may be considered as an equivalent alternative.

Or **52mg Levonorgestrel IUD**

Or **Drospirenone 4 mg (Slynd)** 1 active hormonal tablet 4 mg can be taken daily on a continuous basis (omitting the 4 hormone free pills in the pack)

Off licence use of this progestogen-only contraceptive pill can be considered as an equivalent alternative for women experiencing progestogenic side effects with other preparations.

8. Women taking estrogen only 1 mg oral HRT and who do not require progestogen (women who have had a hysterectomy), can consider:

Elleste Solo™ 1mg estradiol tablets

Zumenon® 1mg estradiol tablets

Progynova 1mg estradiol tablets

9. Women taking estrogen only 2 mg oral HRT and who do not require progestogen (women who have had a hysterectomy) can consider:

Elleste Solo™ 2mg estradiol tablets

Zumenon® 2mg estradiol tablets

Progynova 2mg estradiol tablets

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