The specialist authority for menopause & post reproductive health

British Menopause Society

HRT preparations and equivalent alternatives

This BMS Tool for Clinicians has been developed to provide healthcare professionals with information about equivalent HRT preparations.

The equivalence data included in this practical guide are 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.

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1. Combined sequential HRT preparations with transdermal estradiol

Evorel Sequi patches provide 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 patch
Estradot 50 patch
Estraderm 50 patch
Femseven mono 50 patch

Oestrogel two measures daily
Sandrena gel 1 mg sachet a day

Lenzetto three sprays (40 mcg) daily

Progestogen

Micronised progesterone 200 mg orally for 12 days a month at night (cyclical)
Provera 10 mg orally for 12 days a month
Norethisterone 5 mg orally for 12 days a month

52 mg Levonorgestrel IUD There is lack of evidence on the use of a lower dose LNG IUD (19.5 mg and 13.5 mg) as the progestogen component of HRT.

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2. Continuous combined HRT preparations with transdermal estradiol

Evorel Conti patches provide transdermal estradiol with continuous progestogen (norethisterone)

Femseven Conti patches provide transdermal estradiol with progestogen (levonorgestrel)

Estradot Conti patches 30/95 mcg and 40/130 mcg provide transdermal estradiol with continuous progestogen (norethisterone)

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

Estrogen

Evorel 50 patch
Estradot 50 patch
Estraderm 50 patch
Femseven 50 mono patch

Oestrogel two measures daily
Sandrena gel 1mg sachet a day

Lenzetto three sprays (40 mcg) daily

Progestogen

Micronised progesterone 100 mg orally daily on continuous basis at night
Provera a minimum of 2.5 mg orally daily on continuous basis
Norethisterone 5 mg orally daily on continuous basis (1 mg would be sufficient for use in a continuous combined regimen but not available in standalone preparations)
Off license use of norethisterone in progestogen only contraceptive pills (e.g. **Noriday** three x 350 mcg tablets a day will provide 1.05 mg of norethisterone) may be considered as an equivalent alternative.

52 mg Levonorgestrel IUD

Drospirenone 4 mg (Slynd) one active hormonal tablet 4 mg can be taken daily on a continuous basis (omitting the four 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.

Desogestrel Earlier studies have reported that 150 mcg 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 mcg as the progestogen component of HRT. If desogestrel 75 mcg 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.

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3. Transdermal estradiol only HRT (without progestogen)

Those taking transdermal estradiol with a separate progestogen or who do not require progestogen (those who have had a hysterectomy) can consider:

Evorel patches (25/50/75/100)
Estradot patches (25/37.5/50/75/100)
Estraderm patches (25/50/75/100)
Femseven mono (50/75/100)

Oestrogel
• If taking Evorel 25: one measure a day
• If taking Evorel 50: two measures a day
• If taking Evorel 75: three measures a day (two am and one pm or vice versa)
• If taking Evorel 100: four measures a day (two am and two pm)

Sandrena gel
• If taking Evorel 25: 0.5 mg sachet a day
• If taking Evorel 50: 1 mg sachet a day

Lenzetto three sprays (40 mcg) daily, equivalent to two measures of Oestrogel or a 50 mcg patch

4. Combined sequential oral HRT preparations containing 1 mg of estradiol

The following preparations can be considered:

Femoston 1/10 1 mg estradiol + 10 mg dydrogesterone
Elleste Duet 1 mg estradiol + 1 mg norethisterone acetate
Novofem 1 mg estradiol + 1 mg norethisterone acetate

Alternatively, estrogen and progestogen can be taken separately:

Oral estradiol 1mg
and
Micronised progesterone 200 mg orally for 12 days a month at night (cyclical); or
Medroxyprogesterone acetate 10 mg orally for 12 days a month; or
Norethisterone 5 mg orally for 12 days a month; or
Dydrogesterone 10 mg for 12- 14 days a month; or
52 mg Levonorgestrel IUD

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5. Combined sequential oral HRT preparations containing 2 mg of estradiol

The following preparations can be considered:

Femoston 2/10 2 mg estradiol + 10 mg dydrogesterone
Elleste Duet 2 mg estradiol + 1 mg norethisterone acetate
Trisequens 2 mg/2 mg/1 mg estradiol + 1 mg norethisterone acetate

Alternatively, estrogen and progestogen can be taken separately:

Oral estradiol 2 mg
and
Micronised progesterone 200 mg orally for 12 days a month at night (cyclical); or
Medroxyprogesterone acetate 10 mg orally for 12 days a month; or
Norethisterone 5 mg orally for 12 days a month; or
52 mg Levonorgestrel IUD

6. Continuous combined oral HRT preparations containing 1 mg of estradiol

The following preparations can be considered:

Bijuve capsule 1 mg estradiol + 100 mg progesterone
Femoston conti 1 mg estradiol + 5 mg dydrogesterone
Kliovance 1 mg estradiol + 0.5 mg norethisterone acetate
Indivina 1 mg estradiol + 2.5 mg medroxyprogesterone acetate
Indivina 1 mg estradiol + 5 mg medroxyprogesterone acetate

Alternatively, estrogen and progestogen can be taken separately:

Oral estradiol 1 mg
and
Micronised progesterone 100 mg orally at night daily on continuous basis; or
Medroxyprogesterone acetate a minimum of 2.5 mg orally daily on continuous basis; or
Norethisterone 5 mg orally daily on continuous basis (1 mg would be sufficient for use in a continuous combined regimen but not available in standalone preparations); or
Off license use of norethisterone in progestogen only contraceptive pills (
e.g. **Noriday** three x 350 mcg tablets a day to provide 1.05 mg of norethisterone); or
52 mg Levonorgestrel IUD; or
Drospirenone 4 mg (Slynd) one active hormonal tablet 4 mg can be taken daily on a continuous basis (omitting the four 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.

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7. Continuous combined oral HRT preparations containing 2 mg of estradiol

The following preparations can be considered:

Elleste Duet Conti 2 mg estradiol + 1 mg norethisterone
Kliofem 2 mg estradiol + 1 mg norethisterone acetate
Indivina 2 mg estradiol + 5 mg medroxyprogesterone acetate

Alternatively, estrogen and progestogen can be taken separately:

Oral estradiol 2mg
and
Micronised progesterone 100 mg orally at night daily on continuous basis; or
Medroxyprogesterone acetate a minimum of 2.5 mg orally daily on continuous basis; or
Norethisterone 5mg orally daily on continuous basis (1 mg would be sufficient for use in a continuous combined regimen but not available in standalone preparations); or
Off license use of norethisterone in progestogen only contraceptive pills
(e.g. **Noriday** three x 350 mcg tablets a day to provide 1.05 mg of norethisterone); or
52mg Levonorgestrel IUD; or
Drospirenone 4 mg (Slynd) one active hormonal tablet 4 mg can be taken daily on a continuous basis (omitting the four 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. Estrogen only 1 mg oral HRT (without progestogen)

Those taking estrogen only 1 mg oral HRT with a separate progestogen or who do not require progestogen (those who have had a total hysterectomy) can consider:

Elleste Solo 1 mg estradiol tablets
Zumenon 1 mg estradiol tablets
Progynova 1 mg estradiol tablets

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9. Estrogen only 2 mg oral HRT (without progestogen)

Those taking estrogen only 2 mg oral HRT with a separate progestogen or who do not require progestogen (those who have had a total hysterectomy) can consider:

Elleste Solo 2 mg estradiol tablets
Zumenon 2 mg estradiol tablets
Progynova 2 mg estradiol tablets

Author: Mr Haitham Hamoda in collaboration with the medical advisory council of the British Menopause Society.

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This BMS Tool for Clinicians will be updated when guidance changes and/or new data becomes available.

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