

Why do we all need to care?

No transdermal estradiol

In Aotearoa estrogen patches are the only funded option and there is a worldwide shortage



Brain fog is real.
Without hormone
replacement therapy I
can't work. I can't
function.

I'm terrified to go back to that place.

Who is this leaflet for?



Prescribers



시 Pharmacists & A> assistants



People who use Estradiol



Employers





HORMONES ARE NOT A LIFESTYLE CHOICE

Why is this not ok?

- Hormones prevent suicide.
- Hormones enable people to work.
- Hormone treatment decreases risks of heart attacks.
- It can be a lifesaving medication.

Hormone treatment should NOT be stopped suddenly.

THERE ARE OTHER OPTIONS AVAILABLE





ORAL ESTRADIOL

- 17B estradiol (estradiol valerate, Progynova)
- Estrofem (estradiol hemihydrate, unfunded)

ESTRADIOL GELS

- Estradiol (Sandrena, unfunded)
- Estradiol hemihydrate (Estrogel, unfunded)

CONTRACEPTIVE PILLS

- eg Oralcon (ethinylestradiol + levonorgestrel)
- Zoely (17B estradiol & nomegestrel, unfunded)

If you are unable to access your medication contact your Medical Centre



Request a new prescription and/or ask for information and support to access your necessary medication



What can you do?

KNOW YOUR OPTIONS & RIGHTS

It can be unsafe to stop hormones suddenly



People who use estradiol

If estradiol is necessary, you have the right to it

- Plan when you will run out of medication
- Call around local pharmacies for availability (you will need another script)
- Ask your pharmacist what they have available & tell your practice
- Know your options & be aware prices vary for unfunded meds
- Symptoms can change with preparation and brand



Prescribers

- Discuss options/approaches with patients/colleagues
- Consider benefits vs risks of oral estradiol
- Give people the choice of an unfunded preparation
- Communication- information in keywords/templates in PMS
- Make practice policies to ease workflow
- Consider increasing doses if symptoms deteriorate



Pharmacists

- Communicate openly to your population your stock availability
- Plan your stock and be aware of your 'high risk' clients (ie those that CANNOT take oral/gels/afford gels).
- Advise patients to consider alternatives. If no availability direct clients to their medical centre, explaining what you have available. and where possible suggest and have alternatives in stock
- Suggest clients contact WINZ/ACC for financial support as needed



Healthcare workers

- Signpost your clients & know of services/supports
- Validate their concerns.
- Do not tell them 'it's fine to not have your medication'.
- Work to make efficient pathways in pharmacies and medical centres to enable timely access to care and medications



Whānau/Family Employers & Friends

Support your whānau and friends. This can be a stressful time for mental health, return of body symptoms e.g. pain/hot flushes, a financial burden, and anxiety for health and functioning. Look to WINZ/ACC (if applicable) for financial support. More trips to the pharmacy may be needed.

IT IS NOT EASY

PHARMAC SAYS

Pharmac policy states only 1 strength of boxes per month are funded.

INCREASED COSTS

Be aware of further costs due to time taken for your doctor and pharmacist to prepare the new medication.

IT TAKES TIME

You may need to plan. Talk to your employer, friends and whānau/family so they are aware.



Transdermal gels

Available on 'Section 29' Safe prescribing requires an appointment as these medications are not approved for use in NZ.

Costs are estimated & exclusive of doctor/pharmacy fees.

It is about YOU

Balance the stress and uncertainty of not accessing patches against cost and potential adjustment to alternatives.



	Cost/Preparation	How to apply	More info	
Oestrogel Pump pack	1 pump is 0.75mg estradiol (low dose) \$37.50/ bottle (64 pumps)	outer arm/inner thigh For 3-4 pumps can apply twice daily Sandrena requires smaller area of application (may need a lower		
Sandrena Sachets	1 sachet is 1mg (low-med) \$23/ box (28 sachets)			

Oral estradio a discussion with a healthcare professional is often needed due to a different risk profile to a different risk profile

BENEFITS OF ORAL ESTRADIOL

- · Availability, consistency, funded, convenience
- Symptom control (you may feel better!)
- Continued health benefits of estrogen
- No sticky patch remnants!

RISKS OF ORAL ESTRADIOL

- Risk of blood clot 1:1000
- Risk of gall stones
- Contraindications eg cardiovascular disease
- Side effects (headaches, nausea, decreased) libido)

OTHER CONSIDERATIONS

PATCHES

stable release and are better for individuals with migraine

SYMPTOM CONTROL

- may be able to have a smaller dose with a gelmay improve! (or worsen)
- may need to adjust

WILL THIS END?

It could be a while...



Making the change - doses



For some the conversion is not like for like. Doses may need to change based on preparation.

Estradiol Patches

Estradiol is absorbed through the adhesive (glue) in the patch.
Absorbtion and symptom control can be different depending on the brand.

Practical tips:

- Cut patches to make up required dose.
- Keep remaining patch in the packet in sealed container.
- If symptoms worsen increase dose.
- Can combine patch + gel.
- Obtain different strength patches to minimise costs.

	Estradiol-approximate equivalent doses
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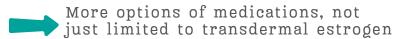
		Low	Medium	High
Oral	17B estradiol	0.5mg	lmg	2mg
Patch	17B estradiol	25mcg	50mcg	75-100mcg
Gel (pump)	estradiol hemihydrate	1 pump 0.75mg	2 pumps 1.5mg	3-4 pumps 2.25-3mg
Gel (sachet)	estradiol	1/2 sachet 0.5mg	1 sachet 1mg	2-3 sachet 2-3mg

WHAT ELSE CAN YOU DO?

- + share your story
- + support your village
- + give your doctor time to do the script
- + know your options
- + ask for help financially & with respect to wellbeing

know that you are not crazy and not alone

What is necessary?



Removal of cost barriers

Support for users of hormones

Funding for womens health

Worldwide understanding of the role of hormones

GET SUPPORT

- Your Medical Centre
- Your Local Pharmacy/in your community
- Your PHO/Local health authority

If you have been denied medication you may wish to contact organisations like the Health and Disability Commission or the Human Rights Commission

