



PREMARIN® 0.3MG SHORTAGE - THE ALTERNATIVE

Premarin®, also known as conjugated equine estrogen is a type of hormone replacement therapy (HRT) in postmenopausal women. In general, women feel that menopause does affect their life somewhat, the greatest impact coming from symptoms such as joint aches, lack of physical fitness and is worse when associated with perception of reduced quality of life.

The two types of HRT consists of estrogen only therapy (ET) and estrogen-progestogen therapy (ERT).

Essentially, **standard dose** estrogen therapy (ET) and estrogen-progestin therapy (EPT) refers to the dose of estrogen in the preparation

- Conjugated equine estrogen 0.625mg
- Estradiol valerate 2.0mg

Low dose ET and EPT refers to:

- Conjugated equine estrogen 0.3mg or 0.45mg
- Estradiol valerate 1.0mg

Recently, there is a disruption of supply for tablet Premarin 0.30mg due to manufacturing issue encountered by the company. The only alternative treatment available is HCTM is tablet Progynova 2mg (estradiol valerate).

The equivalent dose is as follows :

| Estrogen | Brand Available | Standard dose | Low dose |
|----------------------------|-----------------|---------------|----------|
| Conjugated equine estrogen | Premarin® | 0.625mg | 0.30mg |
| 17β estradiol valerate | Progynova® | 2mg | 1mg |



Pharmacy recommendations

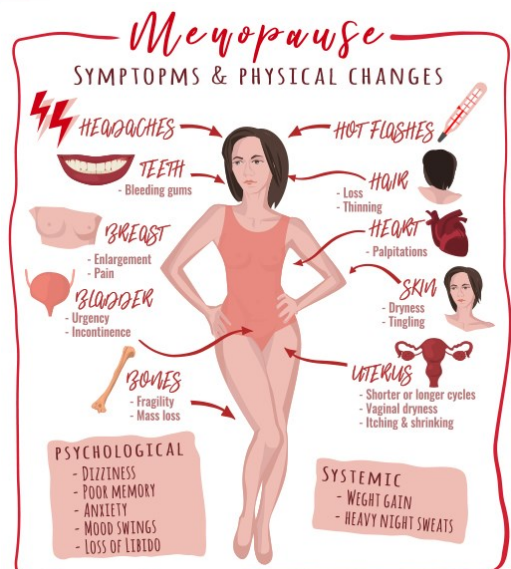
1. For 1mg dose of Progynova, cut half the tablet by using a tablet cutter.
2. Discard the other half. Use a new tablet each day

Hormone Replacement Therapy Overview

CLINICAL BENEFITS OF HORMONE THERAPY

Low dose of ET or EPT has been shown to be as effective as standard dose in

- Reducing the severity and frequency of hot flushes
- Reducing the severity and frequency of sweats, including night sweats
- Relieving vaginal atrophy, and its related symptoms, e.g. vaginal dryness and painful coitus
- Relief of mood disorders, especially depressive mood
- Increasing bone mineral density (BMD) and reducing bone turnover (low dose EPT with calcium supplements is more effective than EPT alone)



ET– For women with no intact uterus

Continuous estrogen (ERT)



Estrogen

No tablet break
No bleeding as no uterus

Estrogen only therapy

- For women who had hysterectomy (no chance of endometriosis)

EPT - For women with intact uterus

Sequential combined HRT



Estrogen

Progestogen

Day 14

No tablet break
Regular bleeding at the end of cycle

Sequential/cyclical EPT

- For women having menopausal symptoms but still having period
- For women who stopped having period <1 year

Continuous combined HRT



Estrogen

Progestogen

Day 14

No tablet break
No bleeding at the end of cycle

Continuous EPT

- No withdrawal bleed
- Women with no period >1 year
- >54 years old women
- >3 years on sequential HRT

Progestogen is added to provide endometrial protection from unopposed estrogen

Taking estrogen alone increase the chance of endometrial cancer

Livial (Tibolone 2.5mg) is another type of hormone replacement therapy that has **both estrogen and progestogen** property. A separate progestogen should not be added with Livial treatment.

It can be used by:

- Post menopausal women who not had menstrual bleed for at least 1 year
- Women who has intact uterus or women who had hysterectomy

*Break-through bleeding may occur during the first months of treatment.



Choices in HCTM

| Estrogen only | Cyclical EPT | Continuous EPT | Progestogen only |
|--|---|---|--|
| Premarin (conjugated estrogen) 0.3mg, 0.625mg | Femoston 1/10 (14 tabs estradiol 1mg, 14 tabs estradiol 1mg+dydrogesterone 10mg) | Femoston Contii (estradiol 2mg + dydrogesterone 10mg) | Provera (Medroxyprogesterone 5mg) |
| Proginova (estradiol valerate) 2mg | Progyuton (11 tabs estradiol 2mg, 11 tabs estradiol 2mg+norgestrel 500mcg) | Angeliq (estradiol hemihydrate 1mg + drospirinone 2mg) | Duphaston (Dydrogesterone 10mg) |

References:

1. Menopause—Guidance on Management and Prescribing HRT for GPs : Based on NICE guidance 2015 and Recent Updates, September 2020, Primary Care Women's Health Forum.
2. Hormone Therapy During Menopause in Malaysia Women Clinical Practice Guideline., July 2010, Ministry of Health Malaysia.
3. HCTM Pharmacy Formulary

PPUKM Formulary App is now available on:



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