Reproductive and Sexual Health Advisory Committee - Clinical advice received from members via email regarding oestradiol patches and appropriate alternatives in May 2023

1. Oestradiol

1.1. Responding Members noted that there have been ongoing supply issues with the currently funded oestradiol patches.

1.2. Responding Members noted oestradiol is used in the management of menopause symptoms, osteoporosis prophylaxis, gender affirming therapy and premature ovarian insufficiency (POI). Responding Members considered it was difficult to estimate the number of people treated with oestradiol patches for each indication but noted most people using oestradiol patches are aged 45 to 60 years of age and that most of that group will be using oestradiol for the management of systemic menopausal symptoms. Responding Members considered that use in gender affirming therapy (GAHT) and premature ovarian insufficiency make up a smaller proportion of people and that use in osteoporosis prophylaxis was uncommon. Responding Members considered that individuals with local menopausal symptoms are treated with topical oestriol products and not transdermal oestradiol.

1.3. Responding Members noted that oestradiol gel would be an appropriate alternative to patches and considered that a significant number of people would switch to a gel product if available, as long as the gel product is well-tolerated, had an uncomplicated delivery system and dosing was straightforward.

1.4. Responding Members noted that oestradiol gel would be an appropriate alternative to tablets, however most people already using tablets would not switch due to preferring an oral formulation.

1.5. Responding Members noted that a significant driver of transdermal use over oral is the clinician and consumer view that transdermal oestradiol is safer than oral and that there is evidence available (Goldštajn et al. Arch Gynecol Obstet 2023;307:1727-45) to support there being lower venous thromboembolism and cardiovascular risk with transdermal compared with oral formulations.

1.6. Responding Members noted that for GAHT, optimal feminisation is a key driver for consumer preference of oestradiol, with some individuals wanting to use tablets sublingually, while others prefer patches. Those using tablets would likely continue to do so. Responding Members noted that for GAHT there is a strong interest from consumers in long-acting injectable oestrogen. However, Responding Members noted that long-acting forms of oestrogen, such as depo injection or implants, are not considered first line, due to requiring frequent oestrogen level monitoring and, for oestrogen implants, causing significant scars from administration.

1.7. Responding Members considered that additional educational and prescribing resources for primary care prescribers (similar to material provided by bpacnz in 2016) would be useful to build understanding and confidence in prescribing oestrogen alternatives in place of patches.