

AMS Guide to MHT/HRT Doses

AUSTRALIA ONLY

This Information Sheet has been developed as a guideline only to MHT/HRT products available in Australia in November 2024. Hormone Replacement Therapy (HRT) is now referred to as Menopausal Hormone Therapy (MHT). The intention of this sheet is to help clinicians change their patients to higher or lower approximate doses of MHT if needing to tailor therapy, or remain within the same approximate dose if needing to change brands of MHT. Private/non-PBS script products are marked with an *.

CYCLIC MENOPAUSAL HORMONE THERAPY (MHT)

Use continuous oestrogen and cyclic progestogen combinations at peri-menopause or if less than 12 months amenorrhoea

LOW DOSE		
PRODUCT	PRESENTATION	COMPOSITION
Femoston	Tablet	1mg oestradiol/10mg dydrogesterone
EstroGel Pro*	Combination pack of oestradiol transdermal gel, with micronised progesterone capsules.	1 pump (0.75mg oestradiol) daily, and 2 capsules (200mg) micronised progesterone orally for 12 days out of a 28-day cycle
MEDIUM DOSE		
Trisequens*	Tablet	1 and 2mg oestradiol hemihydrate/1mg norethisterone acetate
Femoston	Tablet	2mg oestradiol/10mg dydrogesterone
Estalis sequi 50/140	Transdermal patch	50mcg 17 β oestradiol/140mcg norethisterone acetate (twice weekly application)
Estalis sequi 50/250 (same oestrogen, more progestogen than Estalis sequi 50/140)	Transdermal patch	50mcg 17 β oestradiol/250mcg norethisterone acetate (twice weekly application)
EstroGel Pro*	Combination pack of oestradiol transdermal gel, with micronised progesterone capsules.	2 pumps (1.5mg oestradiol) daily, and 2 capsules (200mg) micronised progesterone orally for 12 days out of a 28-day cycle

CONTINUOUS COMBINED MENOPAUSAL HORMONE THERAPY (MHT)

Should be used if 12 months since LMP or after 12 months cyclical MHT

LOW DOSE		
PRODUCT	PRESENTATION	COMPOSITION
Angeliq 1/2*	Tablet	1mg oestradiol hemihydrate/2mg drospirenone
Femoston-conti*	Tablet	1mg oestradiol/5mg dydrogesterone
Kliovance*	Tablet	1mg oestradiol hemihydrate/0.5mg norethisterone
Bijuva*	Capsule	1mg oestradiol/100mg micronised progesterone
EstroGel Pro*	Combination pack of oestradiol transdermal gel, with micronised progesterone capsules.	1 pump (0.75mg oestradiol hemihydrate) daily, and 1 capsule (100mg) micronised progesterone orally for 25 days out of a 28-day cycle ¹
OTHER LOW DOSE HORMONAL OPTIONS		
Livial*, Xyvion*	Tablet	2.5mg tibolone
Duaveve* (oestrogen/ SERM combination)	Tablet	0.45mg conjugated equine oestrogens / 20mg bazedoxifene acetate
MEDIUM DOSE		
Kliogest*	Tablet	2mg oestradiol hemihydrate/1mg norethisterone
Estalis continuous 50/140	Transdermal patch	50mcg 17 β oestradiol/140mcg norethisterone acetate (twice weekly application)
Estalis continuous 50/250 (same oestrogen, more progestogen than Estalis continuous 50/140)	Transdermal patch	50mcg 17 β oestradiol/250mcg norethisterone acetate (twice weekly application)
EstroGel Pro*	Combination pack of oestradiol transdermal gel, with micronised progesterone capsules.	2 pumps (1.5mg oestradiol hemihydrate) daily, and 1 capsule (100mg) micronised progesterone orally for 25 days out of a 28-day cycle ¹

¹Can be given daily if adherence is an issue

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OESTROGEN ONLY THERAPY:

Only use these if patient has had a hysterectomy or in combination with a progestogen or Mirena if intact uterus

LOW DOSE		
PRODUCT	PRESENTATION	COMPOSITION
Estrofem*	Tablet	1mg oestradiol hemihydrate
Progynova	Tablet	1mg oestradiol valerate
Premarin*	Tablet	0.3mg conjugated equine oestrogens
Estradot 25, 37.5	Transdermal patch	25mcg or 37.5mcg oestradiol (twice weekly application)
Estraderm 25 MX	Transdermal patch	25mcg oestradiol hemihydrate (twice weekly application)
Estrogel*	Gel	0.75mg oestradiol hemihydrate = 1 pump daily
Sandrena	Gel	0.5mg oestradiol daily
MEDIUM DOSE		
Estrofem*, Zumenon	Tablet	2mg oestradiol hemihydrate
Progynova	Tablet	2mg oestradiol
Premarin*	Tablet	0.625mg conjugated equine oestrogens
Estradot 50	Transdermal patch	50mcg oestradiol (twice weekly application)
Estraderm 50 MX	Transdermal patch	50mcg oestradiol hemihydrate (twice weekly application)
Sandrena	Gel	1mg oestradiol daily
Estrogel*	Gel	1.5mg oestradiol hemihydrate = 2 pumps daily
HIGH DOSE		
Estradot 75, 100	Transdermal patch	75 or 100mcg oestradiol (twice weekly application)
Estraderm 75, 100 MX	Transdermal patch	75 or 100mcg oestradiol hemihydrate (twice weekly application)
Sandrena	Gel	1.5mg oestradiol = 1mg + 0.5mg sachets daily
Estrogel*	Gel	2.25mg oestradiol hemihydrate = 3 pumps daily or 3.0mg oestradiol = 4 pumps daily

VAGINAL THERAPY

If prescribing vaginal oestrogen rather than systemic hormone therapy, a progestogen is not required.

PRODUCT	PRESENTATION	COMPOSITION
Ovestin	Cream	0.5mg oestriol = 1 application; daily for first 14 days, then twice weekly ongoing
Ovestin	Pessary	0.5mg oestriol; daily for first 14 days, then twice weekly ongoing
Vagifem Low	Pessary	10mcg oestradiol hemihydrate; daily for first 14 days, then twice weekly ongoing
Intrarosa	Pessary	6.5mg dehydroepiandrosterone (DHEA) daily (prasterone)

PROGESTOGEN THERAPY

Suggested alternative doses for use with the oestrogen preparations above where fixed dose therapy is not suitable

LOW DOSE for use with low dose oestrogen		
PRODUCT	PRESENTATION	COMPOSITION
Provera (1/2 of 5mg tablet)	Tablet	2.5mg medroxyprogesterone acetate
Provera 2.5mg tablet*	Tablet	2.5mg medroxyprogesterone acetate
Primolut N (1/4 of 5mg tablet)	Tablet	1.25 mg norethisterone
Prometrium*	Capsule	100mg micronised progesterone orally for 25 days out of a 28-day cycle ¹ or 200mg orally daily for 12 days out of a 28-day cycle
Mirena* (PBS indication for contraception/ menorrhagia)	Intrauterine system	Levonorgestrel 52mg (approx. 20mcg daily over 5 years)
MEDIUM DOSE for use with medium dose oestrogen ²		
PRODUCT	PRESENTATION	COMPOSITION
Primolut N (1/4 of 5mg tablet)	Tablet	2.5mg norethisterone
Provera, Ralovera	Tablet	5mg medroxyprogesterone acetate
Prometrium*	Capsule	100mg micronised progesterone orally for 25 days out of a 28-day cycle ¹ or 200mg orally for 12 days out of a 28-day cycle
Mirena* (PBS indication for contraception/ menorrhagia)	Intrauterine system	Levonorgestrel 52mg (approx. 20mcg daily over 5 years)
HIGHER DOSE (for use in cyclic therapy or continuous therapy with high dose oestrogen) ²		
Primolut N (1/2 5mg tablet)	Tablet	2.5mg norethisterone
Prometrium*	Capsule	100mg micronised progesterone orally for 25 days out of a 28-day cycle ¹ or 200mg orally for 12 days out of a 28-day cycle
Provera, Ralovera	Tablet	10mg medroxyprogesterone acetate
Mirena* (PBS indication for contraception/ menorrhagia)	Intrauterine system	Levonorgestrel 52mg (approx. 20mcg daily over 5 years)

¹Can be given daily if adherence is an issue

²There are insufficient data for the need to increase the dose of micronised progesterone with higher oestrogen doses, or safety of higher doses. Therefore, the current recommendation is 200mg of progesterone for 12 days on a cyclical regimen or 100mg per day on a continuous regimen. This may not be enough in terms of unscheduled bleeding with higher doses of oestrogen.

Patients commenced on continuous combined MHT should not bleed after the first 6 months of use. If they do bleed, they need investigating. Those using combined cyclic therapy should have a withdrawal bleed around the end of the progestogen phase and if they bleed out of cycle, too long or too heavily, they also need investigating.

If investigation of unscheduled or out of cycle bleeding discloses no endometrial abnormality, it may be appropriate to increase the dose of progestogen to 200mg daily for women using high dose oestrogen on a continuous regimen and to 300-400mg for 12 days per month for those using high dose oestrogen on a cyclic regimen.

The use of oestrogen plus progestogen is intended to reduce the risk of endometrial cancer to the level seen in an untreated population and not to zero. Consequently, women and their doctors should be aware of the importance of investigating any postmenopausal bleeding (see AMS Information Sheet *Bleeding – perimenopausal, postmenopausal and breakthrough bleeding on MHT/HRT*).