

HRT Starting Treatment Guide

Hysterectomy* or suitable LNG-IUS® in situ
<5 years?

Yes

No

Oestrogen only

Combined oestrogen and progestogen

Oral

Elleste Solo®
1mg, 2mg

or

Zumenon® 1mg,
2mg

OR

Transdermal†

Patches

Evorel® 25, 50, 75,
100microgram

Gel

Oestrogel® 0.06%

or

Sandrena® sachets
500microgram, 1 mg

Spray

Lenzetto® transdermal
spray

Combined sequential HRT
(monthly bleeds)

LMP < 1 year?

Yes

No

Continuous combined HRT
(no bleed)

Oral

Femoston®
1/10mg, 2/10mg
or

Elleste Duet® 1mg,
2mg

OR

Transdermal†

Evorel Sequi®
Patches

Oral

0.5mg oestradiol:
Femoston Conti®
0.5mg/2.5mg

1mg oestradiol:
Femoston Conti® 1mg/5mg

or

Kliovance®

or

Bijuve® 1mg/100mg

2mg oestradiol:
Kliofem®

OR

Transdermal†

Evorel Conti®
Patches

†Indications for
Transdermal Therapy
include:

- Woman at increased risk of VTE/stroke
- Woman with history of migraine
- BMI > 30kg/m²
- Patient preference

*Specialist advice on HRT regimen is required for women who have had a subtotal hysterectomy or who have a history of endometriosis.

Women with an early menopause (<45yrs), especially if surgically induced, are likely to benefit from the higher dose of oestrogen for bone protection even if the lower dose is adequate for symptom prevention. See NIF Prescribing Notes for further product information. Adjunctive use of micronised progesterone with oestrogen is an alternative treatment option for women requiring combined HRT where first line formulary choices are unsuitable—refer to [NI Formulary](#). For topical vaginal oestrogen refer to [NI Formulary](#).