

Estrogen Drug Class

Clinical Pearls for the Washington Rx Therapeutic Interchange Program (TIP)

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Effective for the week of May 1st, 2004, Washington State Pharmacy and Therapeutics Committee (P&T), the agency directors of the Department of Social and Health Services-Medical Assistance Administration (DSHS-MAA), Labor and Industries (L&I), and the Health Care Authority-Uniform Medical Plan (UMP) will implement the following changes to the Washington Rx Prescription Drug Program:

Washington State Evidence Based Preferred Drug List for Estrogens will include:

Estradiol oral tablets (generic)

Estradiol vaginal cream (generic)

Patients using non-preferred drugs in these classes should be evaluated for conversion to preferred agents or will require for prior authorization.

Drugs Requiring Prior Authorization

Estrogens: all estradiol transdermal systems, Estrace® brand tablets, Premarin® tablets and vaginal cream, Menest®, Ogen® and estropipate tablets and vaginal cream, Cenestin®, Vagifem®, Estring®, Femring®, and all estrogen/progestin combination tablets and transdermal systems for hormone replacement therapy.

Converting patients to the Estradiol:

Estrogen therapy is now directed primarily at easing menopausal symptoms. Patients using non-preferred estrogen products should undergo conversion to estradiol and the conversion guide can assist with this process for patients taking conjugated estrogens. Since these conversions are not exact, some patients may need to be referred to the prescriber for evaluation and dosage adjustments.

Estrogen Conversion Guide

Estradiol		Conjugated Estrogen
0.5mg	←	0.3mg
1mg		0.6mg
1.5mg		0.9mg
2mg		1.25mg

General information regarding HRT:

Menopausal symptoms can be very uncomfortable and include loss of sleep, mood swings and hot flashes. For some women, menopause causes little or no symptoms, while other women have severe symptoms that interfere with their daily lives and sexual enjoyment. Although symptoms can be very uncomfortable, they are not dangerous or life threatening. Hormone replacement therapy or HRT (estrogen with or without progesterone) is prescribed to relieve these symptoms. It was originally thought that estrogen therapy could also prevent heart disease and protect against bone loss (osteoporosis), but the early studies did not give us enough information to assure these things. The National Institutes of Health funded a very large study, the Women's Health Initiative (WHI), which has shown that the risks of HRT therapy (i.e., venous thromboembolism, certain cancers) are not generally worth the benefits (increased bone density, reductions in some types of cancer). However, the short-term use of estrogen to treat menopausal symptoms is currently considered clinically appropriate.