

Endocrinology 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 oestradiol is used in the management of menopause symptoms, osteoporosis prophylaxis, gender affirming therapy (GAHT) and premature ovarian insufficiency (POI). Responding Members considered it was difficult to estimate the number of people treated with oestradiol for each indication but considered that people receiving treatment of menopausal symptoms to be the largest group.
- 1.2.** Responding Members noted that there have been ongoing supply issues with the currently funded oestradiol patches. Responding Members noted that these issues have caused a significant amount of stress and frustration for people accessing oestradiol treatment, in particular for individuals requiring treatment for the management of menopausal symptoms who make up most people accessing oestradiol patches. Responding Members noted that supply issues and not being able to obtain prescriptions in full particularly disadvantaged people who are in paid or volunteer work, who have transport issues, who have limited flexibility in childcare or who live in rural areas.
- 1.3.** Responding Members noted that POI includes adolescents and young women who require small doses of oestradiol and that lower doses are best achieved by the patches.
- 1.4.** Responding Members considered that an oestradiol gel product would be an appropriate alternative to patches. Responding Members considered that if a gel were available, adults across relevant indications would consider switching from a patch to a gel, however that people requiring low dose oestradiol would remain on patches. Responding Members considered that people currently on oestradiol tablets would be less likely to switch to a gel, as they likely prefer oral treatment over transdermal.
- 1.5.** Responding Members noted Pharmac could consider alternative oestradiol products, which include combination oestradiol and progesterone patches and low strength oestradiol tablets which could provide a low dose option for induction of puberty.
- 1.6.** Responding Members considered it was certain that the use of transdermal oestradiol would continue to increase (probably substantially) with better access to and awareness of use for menopausal hormone therapy (MHT) and increasing use for GAHT.
- 1.7.** Responding Members noted that, while oral oestradiol is available, transdermal oestradiol is favoured over oral options in situations where risks are likely to be higher with oral options (age > 45, increased BMI, VTE risk, any concern around liver dysfunction). Responding Members noted that where oral formulations are a low-risk option, funded oestradiol valerate may not be appropriate due to difficulty in administering low doses.

1.8. Responding Members considered that it was uncertain as to the extent listing a gel product would alleviate supply pressures on the oestradiol patches, but the impact could only be positive.