

Month/Year of Review: January 2014
PDL Classes: Hormone Replacement Therapy

Date of Last Review: November 2012
Source Document: OSU College of Pharmacy

Current Status of PDL Class:

Current Preferred Agents	Current Non-Preferred Agents
Oral HRT - Estrogen	
Estradiol	Conjugated Estrogens, Synthetic B (Enjuvia [®])
Conjugated Estrogens, Synthetic A	Esterified Estrogens/methyltestosterone
Estropipate	Esterified estrogens (Menest [®])
	Estradiol/norethindrone (Activella [®])
	Drospirenone/estradiol (Angeliq [®])
	Norethindrone acetate/ethinyl estradiol (Jinteli [®])
	Estradiol/norethindrone acetate (Mimvey [®])
	Estradiol/norgestimate (Prefest [®])
	Conjugated estrogens/Medroxyprogesterone (Prempro [®] , Premphase [®])
	Norethindrone acetate/Ethinyl Estradiol (FEMHRT)
Topical HRT - Estrogen	
Estradiol patch (Climara)	Estradiol gel packet (Divigel [®])
	Estradiol gel pump (Elestrin [®])
	Estradiol patch (Estraderm [®])
	Estradiol patch (Estrasorb [®])
	Estradiol gel pump (EstroGel [®])
	Estradiol spray (Evamist [®])
	Estradiol patch (Vivelle-dot [®])
	Estradiol/norethindrone acetate patch (Combipatch [®])
	Estradiol/levonorgestrel patch (Climara Pro [®])
Vaginal HRT - Estrogen	
Estradiol tablet	Estradiol vaginal cream (Estrace [®])
Conjugated Estrogen cream	Estradiol vaginal ring (femring [®])

Previous Conclusions and Recommendation:

- Evidence does not support a difference in efficacy/effectiveness
- Evidence does not support a difference in harms/adverse events
- Recommend including one or more agents from this category
- Estrogen plus progestin and estrogen alone decreased risk for fractures but increased risk for stroke, thromboembolic events, gallbladder disease, and urinary incontinence.
- Estrogen plus progestin increased risk for breast cancer and probable dementia, whereas estrogen alone decreased risk for breast cancer.
- There are insufficient data to assess the risk of long term hormone therapy use in perimenopausal women or postmenopausal women younger than 50 years of age.
- Hormone therapy for postmenopausal women with an intact uterus should comprise both estrogen and progestin to reduce the risk of endometrial hyperplasia.
- There were no consistent differences by age and comorbidities in subgroup analyses.

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- Despite of lacking randomized clinical trials evidence for potential favorable thromboembolic risks using transdermal formulation of hormone therapy, several national guidelines recommended transdermal route of administration over oral route.

Research Questions:

- Is there any new comparative evidence in reducing symptoms of menopause, preventing low bone density, or preventing fractures?
- Is there any new comparative safety evidence of the different preparations?
- Are there subpopulations of patients for which one medication or preparation is more effective or associated with fewer adverse effects?

Methods:

The DERP scan was used to identify any new comparative research that has emerged since the last P&T review.¹

Conclusions and Recommendations:

- There is no new significant comparative evidence on the efficacy or safety of hormone replacement therapy medications; no further review or research needed.
- Evaluate comparative costs in executive session.
- Based on cost evaluation, make FemHRT, Jinteli and their generics non-preferred and grandfather patients for 12 months. Make Vivelle-Dot and Alora P preferred.

References:

1. Selph S. Drug Effectiveness Review Project: Drug Class Review on Hormone Therapy for Postmenopausal Women or Women in the Menopausal Transition Stage. Preliminary Scan Report #4. September 2013.

