Practice Name _____ Telephone: _____

Patient Name: _____ DOB: _____Tel:_____

Women's Hormone Restoration Therapy

TOPICAL THERAPY

Estrogens

- For treating menopause symptoms: hot flashes, vaginal dryness, depression, memory lapses.

- Bi-Est (80|20) contains 80% estriol and 20% estradiol. When first starting a patient on hormone therapy, begin with Bi-Est formula

Bi-Est (80|20) lotion: 0.25mg 0.5mg 1mg* 2mg 2.5mg _____mg

Sig: Give above strength _____ time(s) daily continuously or days _____ to _____ of cycle. Disp: _____ month supply

***Progesterone*:** Progesterone, is used along with estrogen therapy to keep the balance of the body's hormones.. If a woman is still cycling, give progesterone days 12-28, otherwise progesterone can be given daily.

Progesterone lotion: 10mg* 20mg 25mg _____mg

Sig: Give above strength _____ time(s) daily continuously or days _____ to _____ of cycle. Disp: _____ month supply

Testosterone: For treating symptoms: low sex drive, fatigue, urinary incontinence

Testosterone T-Gel **1mg/0.1ml 2mg/0.1ml* 3mg/0.1ml _____mg/0.1ml DISP:_____ month supply SIG: 0.1ml to wrist _____times daily.**

Testosterone Vaginal Cream *(libido & vaginal dryness)* **1mg 2mg* 3mg _____mg DISP:_____ month supply SIG: Insert 1gm QD**

Common Combination Therapies - These are typical starting dosages. Refer to back of page for common dosage ranges.

___ **PMS**: Progesterone 20mg/ml lotion; Sig: Apply 0.5ml bid on days 12-28 of cycle. Disp: 30ml

___ **Peri-menopause**: Progesterone 20mg/ml + Biest (80:20) 0.5mg/ml. Sig: Apply 0.5ml bid on days 12-28 of cycle. Disp: 30ml

___ **Menopause**: Progesterone 10mg/ml + Biest (80:20) 0.5mg/ml + Testosterone 2mg/ml Sig: Apply 0.5ml bid continuously. Disp: 30ml

___ If **Cancer Risk:** Progesterone 20mg/ml + estriol 1mg/ml lotion. Apply 0.5ml bid continuously. Disp: 30ml

Miscellaneous Topical Therapies

___ **Vaginal Dryness**: estriol 2mg/gm cream; Sig: Insert 1gm qhs for 5-7 nights, then 2x weekly. Disp: 30gm

___ **Libido1**: DHEA 10mg vaginal inserts – Insert 1 supp qhs continuously. Disp: 30 inserts

___ **Libido2**: Testosterone 2mg/gm cream: Sig: Insert 1gm qd continuously. Disp: 30gm

___ **Yell Cream**: Aminophylline 3%/Arginine 6%/NTG 0.2%; Apply to inner labia 15-20 minutes prior to intercourse. Disp: 15gm tube

___ **Yeast Infection:** Boric Acid 600mg vaginal caps; 1 cap qhs x 7days, then 2-3x weekly. #30 caps

ORAL THERAPY**

Estrogens

Bi-Est SR capsules: 1.25mg 2.5mg* 5mg _____ other Disp: _____ month supply SIG: i po QD or BID

Tri-Est SR capsules: 1.25mg 2.5mg* 5mg _____ other Disp: _____ month supply SIG: i po QD or BID

- Tri-Est contains 80% estriol, 10% estradiol, and 10% estrone. When converting a patient from Premarin to Bio-Id/Natural Hormone therapy, start with a Tri-Est formula for the first few months, then convert the patient to Bi-Est.

Progesterone Therapy **-** For treating symptoms: irritability, fibrocystic breast, fibroids, weight gain, headaches, also used to keep the balance of the body's natural hormone when using estrogen therapy. If a woman is still cycling, give progesterone days 12-28, otherwise progesterone can be given every day.

Progesterone SR Caps 50mg 100mg* 200mg _____mg DISP: _____month supply SIG: 1 po QD or BID

Common Combination Therapies: Typical starting dosages. Refer to back of page for common dosage ranges.

___ PMS: Progesterone 100mg caps; Sig: 1 cap po qhs on days 12-28 of cycle. Disp: 30caps

___ Peri-menopause: Progesterone 100mg & Biest (80|20) 1mg caps. Sig: 1 cap qd on days 12-28 of cycle. Disp: 30caps

___ Menopause: Progesterone 100mg & Biest (80:20) 1mg & Testosterone 4mg capsules Sig: 1 cap QD continuously. Disp: 30caps

___ If Cancer Risk: Progesterone 100mg + estriol 4mg. Sig: 1 cap QD continuously. Disp: 30caps

Miscellaneous Oral Therapies

___ Sleep Aid: Magnesium Glycinate 600mg caps; Sig 1-2 caps qhs Disp #30 caps

Note: The above dosages are only suggestions; we can compound any dosage strength and form to meet special patient needs.

***Most commonly prescribed **For oral therapy, may substitute capsules with lozenges or sublingual drops.**

Refill 0 1 2 3 4 5 times PRN NR

Physician Signature: _____ Date: _____

6095 Pine Mountain Rd NW, Ste 108
Kennesaw, GA 30152
Phone: 770-421-1399 **Fax: 770-426-1965**

INNOVATION COMPOUNDING
CUSTOMIZING MEDICATIONS
OPTIMIZING OUTCOMES

Practice Name _____ Telephone: _____

bHRT Dosing Guidelines: Initiating Therapy in HRT Naïve Patient

Progest – Micronized Progesterone; E3- estriol; E2 – estradiol; Bi-est (80:20) – E3 80%/E2 20%; Bi-est 50:50 – 50% each of E3 & E2;
Test- Testosterone

Condition	Drug	Route	Dose
If, PMS, give	progesterone	Oral {25-400mg daily (usu 100-200mg)} **Or**, topical {5-50mg daily (usu 20-30mg)}	1-2x daily, days 12-28 of cycle
If, Peri-Menopause, give	Progest + Bi-est (80:20)	Progest: Same as PMS dosing + Bi-est (oral) 0.5-1mg daily; (topical) 0.25-0.5mg daily	1-2x daily, days 12-28 of cycle (combined into 1 formulation)
If menopause[A], give,	Progesterone +Bi-est +Testosterone +DHEA (optional)	Progest: Oral {25-400mg daily (usu 100-200mg)} **Or**, topical {5-50mg daily (usu 20-30mg)} + Bi-est (oral) 0.5-5mg daily; (topical) 0.25-2.5mg daily +Test (oral) 1-4mg daily; (topical) 0.25-2mg daily +DHEA (oral) 5-20mg; (topical) 0.5-2.5mg daily	-For Progest and/or Bi-est: Use 1-2x daily, continuously or stop 3-5 days of month. -Test and/or DHEA: 1x day
If, Cancer Risk Patient, give	Progest + E3	Progest (oral) 50-400mg daily; (topical) 20-50mg daily E3 (oral) 0.5-8mg daily; {(topical/vaginal) 0.5-3mg (usually 2mg daily)}	Progest: Give 2X daily E3: 1-2x daily.

Dosing Caveats

- [A]For Natural Menopause, give less testosterone vs surgical menopause.
- If unknown if patient is no longer producing endogenous hormones, dose cyclically as in peri-menopause.
- If lack of menopausal symptoms, use lower end of dosage ranges and monitor BMD, lipids, BP
- If patient is HRT naïve, use bi-est. If converting from synthetics use tri-est for 2-3 months, then switch to bi-est. (Tapering estrone levels)
- Troches/Oral Drops: Recommend to dose at least bid as they do not provide a sustained release effect.
- Recommend to apply topical therapy to inner arm (between elbow and armpit) or inner thigh.
- Many patients are already estrogen dominant, and using progesterone alone may be beneficial.
- If patient is on high biest (80:20) therapy with still no effect, recommend to decrease biest strength, and use biest 50:50 instead. This will provide more E2 with less competition from E3 to target estrogen receptors.
- !Oral estradiol is not recommended because of high level of estrone produced.
- When giving the patient any type of estrogen therapy, give progesterone along with it (even if the patient does not have a uterus). This will keep the body's natural hormone balance in place
- A lot of post-menopausal women are actually estrogen dominant and have no progesterone, therefore these patients may only need progesterone supplementation to control their symptoms.

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