



# Medicine Supply Notification

MSN/2022/048

Estradiol (Sandrena<sup>®</sup>) 500microgram and 1mg gel sachets

Tier 2 – medium impact\*

Date of issue: 23/05/2022

Link: [Medicines Supply Tool](#)

## Summary

- Estradiol (Sandrena<sup>®</sup>) 500microgram and 1mg gel sachets are out of stock until early June 2022.
- Three Serious Shortage Protocols (SSP) were issued on 20/05/2022 to allow community pharmacists to limit supply to three months or where supplies of estradiol (Sandrena<sup>®</sup>) 500microgram and/or 1mg gel sachets are unavailable, to supply estradiol patches, which remain available.
- Where this is not appropriate, alternative hormone replacement therapies also remain available.
- Where the above alternatives are not suitable, unlicensed supplies of Sandrena<sup>®</sup> 1mg gel sachets can be sourced, lead times vary.

## Actions Required

Where supplies of estradiol (Sandrena<sup>®</sup>) 500microgram and/or 1mg gel sachets **are available**, community pharmacists should consider;

- limiting supply to three months of supply in accordance with [SSP 029](#) for eligible patients presenting with a prescription for more than three months' supply of estradiol (Sandrena<sup>®</sup>) 500microgram and/or 1mg gel sachets (see supporting information).

Where supplies of estradiol (Sandrena<sup>®</sup>) 500microgram and/or 1mg gel sachets **are not available**, pharmacists should consider;

- offering a near equivalent strength of estradiol patch (see Table 1), taking into account the patient's current daily dose of estradiol, in accordance with [SSP 030](#) for eligible patients presenting with a prescription for supply of three months or less of estradiol (Sandrena<sup>®</sup>) 500microgram and/or 1mg gel sachets (see supporting information); or
- offering a near equivalent strength of estradiol patch (see Table 1), taking into account the patient's current daily dose of estradiol, and limiting supply to three months of supply in accordance with [SSP 031](#) for eligible patients presenting with a prescription for supply of more than three months' supply of estradiol (Sandrena<sup>®</sup>) 500microgram and/or 1mg gel sachets (see supporting information).

If the patient is deemed ineligible or does not consent to receive an alternative product via the SSP, clinicians should review and consider prescribing the below, taking into account the patient's treatment indication:

- a maximum of three months' supply of an alternative hormone replacement therapy liaising with local pharmacy teams to identify which products are currently available; or
- unlicensed products only where licensed alternatives are not appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see supporting information).

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

## Supporting information

### Clinical information:

#### Switching to estradiol patches:

- If a patient has been referred from the community pharmacy to the prescriber as they are unable to utilise the SSP to switch to an appropriate strength of estradiol patch, clinicians should investigate the reasons behind this with the patient.
- If referral has been made by a community pharmacist as the patient has reported previous adverse reactions to estradiol patches, consider whether an alternative brand of patch would be suitable, see Table 1. If the previous reaction was severe, consider alternative hormone replacement therapy or unlicensed imports.
- Patients may require titration of their dose if symptom control is not achieved within 8 weeks.

#### Patient counselling points:

- Patients should be made aware of the following and advised to return to the prescriber;
  - for further investigation if they experience persistent side effects including vaginal 'breakthrough bleeding';
  - for consideration of alternative therapies if they are switching to estradiol patches and experience any patch adhesion issues or skin irritation; and
  - for dose titration if they feel the symptoms of menopause have gotten worse 8 weeks after switching to a new product.
- Patients with an intact uterus should be advised to continue taking the progestogen component of their HRT regimen, even after switching to an alternative oestrogen preparation including estradiol patches.

**Table 1- Dose equivalence between estradiol (Sandrena®) gel sachets and estradiol patches\***

Current daily dose of estradiol (Sandrena®) gel	Equivalent dose of estradiol patch	Patch options	Dosing
500microgram estradiol daily	25 microgram patch	Evorel®	Apply one patch <b>TWICE WEEKLY</b>
1mg estradiol daily	50 microgram patch	Progynova TS®	Apply one patch WEEKLY
		FemSeven®	Apply one patch WEEKLY
		Evorel®	Apply one patch <b>TWICE WEEKLY</b>
		Estraderm MX®	Apply one patch <b>TWICE WEEKLY</b>
1.5mg estradiol daily	75 microgram patch	FemSeven®	Apply one patch WEEKLY
		Evorel®	Apply one patch <b>TWICE WEEKLY</b>
		Estraderm MX®	Apply one patch <b>TWICE WEEKLY</b>

\*Note: All patches can only support a partial uplift in demand. The dose equivalents are subject to individual variations in absorption and metabolism.

Please see the link for further information on the [SSP's for estradiol \(Sandrena®\) 500microgram and/or 1mg gel sachets](#)

Please see links for further advice on alternative hormone replacement therapies:

- [CKS Hormone replacement therapy](#)
- [British Menopause Society – HRT preparations and equivalent alternatives](#)
- [Specialist Pharmacy Service – prescribing available HRT products](#)
- [Hormone replacement therapy treatment summary - BNF](#)

Additional information:

- [Estraderm MX<sup>®</sup> SmPC](#)
- [Evorel<sup>®</sup> SmPC](#)
- [Femseven<sup>®</sup> SmPC](#)
- [Progynova TS<sup>®</sup> SmPC](#)
- [Sandrena<sup>®</sup> 500microgram gel sachets SmPC](#)
- [Sandrena<sup>®</sup> 1mg gel sachets SmPC](#)

### Guidance on ordering and prescribing unlicensed imports

The following specialist importers have confirmed they can source unlicensed Sandrena<sup>®</sup> 1mg gel sachets (please note there may be other companies that can also source supplies):

- Target Healthcare

Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Please see the links below for further information:

- [The supply of unlicensed medicinal products](#), Medicines and Healthcare products Regulatory Agency (MHRA)
- [Professional Guidance for the Procurement and Supply of Specials](#), Royal Pharmaceutical Society
- [Prescribing unlicensed medicines](#), General Medical Council (GMC),

When prescribing a product that is not licensed in the UK due to a supply issue with the licensed alternative prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done in one of the following two ways:

- Electronic prescriptions – if the required unlicensed product is shown on electronic prescribing systems, GPs should select:
  - Sandrena<sup>®</sup> 1mg gel sachets (imported)
- Paper prescriptions – where the unlicensed product is not shown on electronic prescribing systems, GPs should use a paper prescription and annotate with the following wording: “**special order**”.

## Enquiries

If you have any queries, please contact [DHSCmedicinesupplyteam@dhsc.gov.uk](mailto:DHSCmedicinesupplyteam@dhsc.gov.uk).