



Prescribing Tip No. 197 Date: 22nd March 2018

Estriol vaginal cream

In England and Wales £57.2 million is spent annually on hormone replacement therapy (HRT) and local oestrogen preparations for urogenital atrophy. NICE recommends offering vaginal oestrogen to women with urogenital atrophy (including to those on systemic HRT) and to continue treatment for as long as needed to relieve symptoms.¹

Currently estriol vaginal cream can be prescribed in two forms:

- Estriol 0.1% (Ovestin®) cream which contains 0.5mg estriol per 0.5g application
- Estriol 0.01% (formerly Ortho-Gynest®) cream which contains 0.5mg estriol per 5ml application

Despite Ovestin® 0.1% cream being 10 times stronger, the amount of cream delivered per application is 10 times less than that of Estriol 0.01% cream, meaning that **both creams deliver an identical amount of estriol** per application, that being 0.5mg.

Estriol 0.01% cream is 12 times more costly than estriol 0.1% (Ovestin®) cream

During the past 12 months GPCCG and CSRCCG spent approximately £62,000 on estriol 0.01% cream. Prescribing estriol 0.1% (Ovestin®) cream instead of estriol 0.01% cream would produce an annual saving of £56,500 across both CCGs

Advice for healthcare professionals:

- Prescribe estriol 0.1% (Ovestin®) cream in preference to estriol 0.01% cream for any new patients
- Identify all patients currently prescribed estriol 0.01% cream and consider switching to estriol 0.1% (Ovestin®) cream
- Accept switches to estriol 0.1% as prompted by ScriptSwitch®
- The endometrial safety of long-term or repeated use of topical vaginal oestrogens is uncertain. Treatment should be reviewed at least annually, with special consideration given to any symptoms of endometrial hyperplasia or carcinoma.²

References:

1. NICE CG23. Menopause: diagnosis and management. November 2015

2. BNF 74. Chapter 7.6.2 Vaginal atrophy Pg 784

To contact the Medicines Optimisation Team please phone 01772 214302



