

Oestrogen

This is the list of funded oestrogen options available. Auckland Sexual Health Service only prescribes fully funded medications.

Oestrogen	Route	Brand Name	Frequency	Additional
Oestradiol	Transdermal	Estradot 25, 50, 75, 100 mcg Climara	Change patches twice weekly or every 3 days. Every 7 days	Safest option as lower risk of blood clots.
Oestradiol valerate	Tablet	Progynova 1 mg, 2 mg	Daily	
Anti-androgens				
Cyproterone acetate	Tablet	Siterone 50 mg	Daily – usually ¼ tablet (12.5 mg)	Need to use a tablet cutter. Can cause fatigue and low mood. Rarely causes shortness of breath. Meningioma (a rare type of brain tumour) has been reported with long term use of doses of 25 mg or more. The risk is very small (1-10 meningiomas reported for every 10,000 people taking cyproterone) but the smaller the dose the less risk.
Spirolactone	Tablet	Spiractin 25, 100 mg	Daily	Can cause light headedness on standing. Can cause frequency of urination.
Gonadotropin Releasing Hormones (GnRH) agonists or blockers				
Leuprorelin acetate	Intramuscular injection	Lucrin 11.25 mg	Every 10-12 weeks	Funded for adolescents who are unable to tolerate goserelin. Injection site pain can occur.
Goserelin acetate	Implant given by subcutaneous injection	Zoladex 10.8 mg	Every 10-12 weeks	Can cause pain and bruising at insertion site. May cause scarring.

Progesterone

The Sexual Health Transgender service does not prescribe progesterone as there is not currently an evidence base to support its use for people on feminising hormones. There are no well-designed studies on the role of progestogens in feminising hormone regimens; the risk of harm of prescribing

progesterone for these populations is not known. In the absence of studies suggesting clear benefits or lack of harm we do not currently recommend the use of progesterone at ASHS.