
PRESCRIPTION REQUEST FOR HORMONE REPLACEMENT THERAPY

PURPOSE

To ensure that Pharmacists in Primary Care are aware of the method of dealing with prescription requests for hormone replacement therapy

SCOPE

NHS Ayrshire and Arran Primary Care Pharmacy Team

DEFINITIONS

SOP Standard Operating Procedure
PCPT Primary Care Pharmacy Team
HSCP Health & Social Care Partnership
POP Progestogen Only Pill
LMP Last Menstrual Period

HEALTH AND SAFETY/RISK ASSESSMENT

It is the responsibility of the individual pharmacists to ensure they are competent to carry out these reviews. Always ensure you check to most up to date SPC for the individual HRT product for all information required before making any prescribing decision.

RESPONSIBILITIES

All Pharmacists whether they are independent prescribers or non-prescribing pharmacist staff of the Primary Care Pharmacy Team are required to understand and follow the protocol when dealing with this type of request.

Document Code:

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Reviewed by: GP Sub Committee **Approved:** Jane Hall **Valid Until:** 23/02/2024

Requests for Oral / Transdermal Hormone Replacement Therapy (HRT) in patients who have already been commenced on HRT and are requesting a further supply

- A prescription request will be made for a patient who is currently using HRT.
- Check when the most recent HRT review was carried out.
 - If HRT was recently commenced, a three month review should be undertaken.
 - If an annual HRT review and a blood pressure reading within the past year has been recorded, the remainder of the 12 month supply can be issued without review.
 - If more than 12 months since the last review, check the patient's age, and indication for hormone replacement therapy. If any exclusion criteria, change in medical history, or clinical query identified, discuss or arrange for a GP review. It is recommended an HRT review is undertaken by a GP every three years to support skill maintenance.
 - If these conditions are not present then review can be carried out by primary care pharmacist/ANP, if they feel competent to do so and is supported by the practice. Appropriate time must be allocated to undertake these reviews. Consultations may be face to face, via NHS near me or via telephone.

Refer to the GP if:

- Over 70 years old and hormonal treatment not required for an alternative medical reason
- Exclusion criteria identified from review of medical record.
- Clinical reason identified, such as consideration of a change in HRT preparation

Consider continuing with an interim supply of the current HRT until review can be arranged.

Exclusions

Contraindications to HRT:

- <https://cks.nice.org.uk/topics/menopause/prescribing-information/hormone-replacement-therapy-hrt/>

Significant change to health since last review, especially a **new** diagnosis of the following conditions (HRT cautions) – refer to GP:

- <https://cks.nice.org.uk/topics/menopause/prescribing-information/hormone-replacement-therapy-hrt/#contraindications-cautions>
- <https://www-medicinescomplete-com.knowledge.idm.oclc.org/#/content/bnf/205415390?hspl=hrt>

****Please refer to each products own specific SPC for contraindications/cautions as the lists above are not exhaustive****

1. HRT Review

The questions to be covered in the review are:

- How are you getting on with your HRT?
- How do you feel your symptoms are controlled? (if ongoing symptoms consider if the dose is adequate, drug absorption, interactions, patch adhesion, alternative diagnosis, patient expectations)
- Have you any vaginal bleeding?
- If sequential HRT, check regular bleed. Check if any breakthrough bleeding (BTB) which would be normal in the first 6 months of use.
- Continuous combined or oestrogen only HRT, if using for > 6 months and vaginal bleeding, refer to GP
- Have you noticed any side-effects? (e.g. breast tenderness, nausea, headaches please see individual SPC for specific side-effects) Do you have any vaginal dryness or discomfort? Consider offering vaginal oestrogen and see PIL on vulval skin care: <https://pcwhf.co.uk/resources/vulval-skin-care/>
- Check correct HRT prescription and endometrial protection. Mirena in date - needs changed 5 years after insertion if used for HRT. Levosert and Kyleena are not licenced for endometrial protection. Check SPC for full details.
- Recording of hysterectomy – full or partial?
Check concordance / correct application of patches / gel

Has there been any change in your medical or family history in the past year?

- Are you taking any new prescribed or over the counter medications? *Check SPC (enzyme inducers and St John's wort)*
- Are you currently sexually active? Check need for contraception.
 - <50 years continue contraception for 2 years after last period
 - >50 years continue contraception for 1 year after last periodIf any uncertainty about date of LMP (e.g. due to type of HRT used) contraception is continued to age 55
- Check HRT appropriate for age. Consider change to continuous combined after age 54
- Have you any concerns or other questions that you would like to ask about your treatment?
- Check BP and BMI or if consulting remotely ask patient for their BP, weight and height.
 - Offer weight management advice if overweight.
 - Consider transdermal HRT if BMI >30, especially if any other risk factors.
- Discuss lifestyle factors – smoking and cessation advice if indicated, alcohol, diet and exercise advice.
- Encourage breast awareness. Check cervical cytology (if appropriate) and breast screening are up to date – if not, explore barriers for engagement, discuss the rationale for screening and support decision making and access.
- Review individual risk: benefit ratio and assessment of ongoing need for treatment. Is a dose adjustment appropriate? Aim to use the lowest dose to control symptoms. Time to consider stopping HRT? Agree and document management plan (e.g. take lower dose tablet, take alternate days, cut patch in half, or stop).
- Review understanding of risks of HRT

Any concerns raised from the above points should be discussed with the patients GP.

Other reasons to discuss with a GP:

Patient wants information on alternatives to HRT

2 Management

- For ongoing therapy, issue a 12 month supply of HRT on **repeat with a count of 1** and advise a review of treatment again before the supply ends.
- If a change to therapy is agreed, issue a 3 month supply as **a repeat with a count of 1** and advise a review before the supply ends
- If a decision to reduce or discontinue HRT is made, agree an appropriate timeframe for clinical review
- Code 'Hormone Replacement Therapy' under Problem in EMIS Consultation mode or in Vision as priority 1 or 2.
- When saving the EMIS consultation, select 'Review' and check the re-activate past problem box before saving as a minor problem

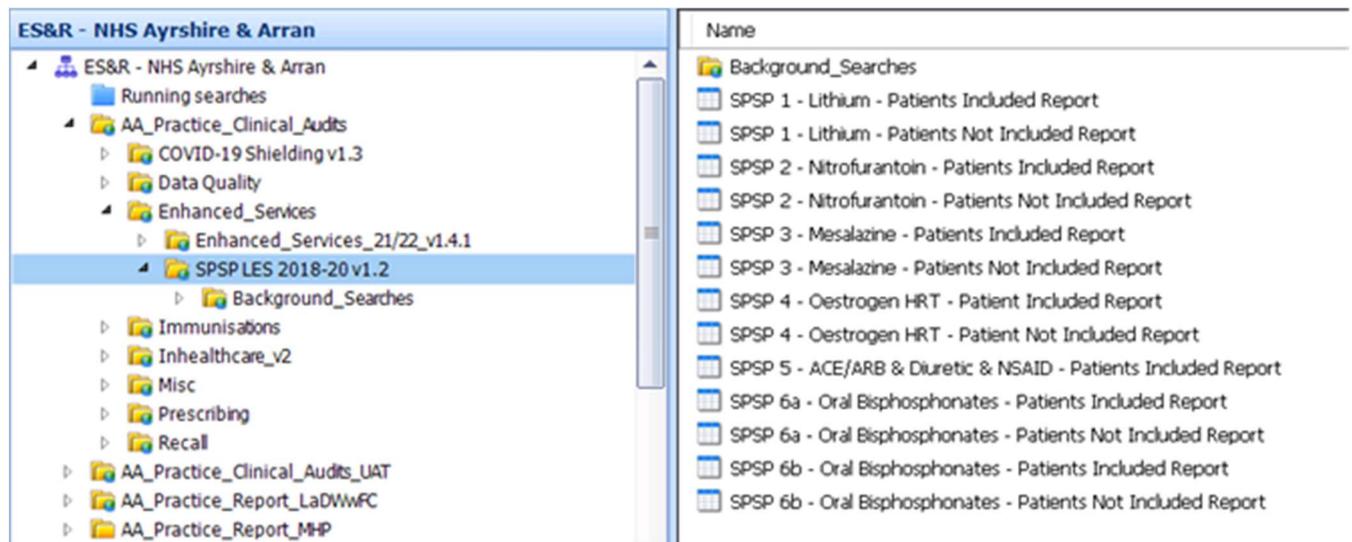
3 Ongoing Management

Unopposed Estrogen Safety Search

- Pharmacy teams are advised to run a safety search on a quarterly basis (outlined below) to ensure the safe concurrent prescribing of estrogen with progesterone for endometrial protection where appropriate in practice.
- The purpose of this search is to identify any incidents of unopposed estrogen being prescribed and to allow the pharmacist to revise and alter the ongoing prescribing to ensure patient safety or highlight to a GP if out with their scope of competence.
- Advice from the British Menopause Society on endometrial protection: [14-BMS-TfC-Progestogens-and-endometrial-protection-01H.pdf \(thebms.org.uk\)](https://www.thebms.org.uk/wp-content/uploads/2014/04/14-BMS-TfC-Progestogens-and-endometrial-protection-01H.pdf)

The search can be copied from within emis web and then paste them within practice you wish to run.

Click on ES&R tab and then copy the SPSP.... Folder and paste this within the practice organisation folders (shown below)



Additional Notes:

Indications to consider transdermal HRT:

- <https://cks.nice.org.uk/topics/menopause/prescribing-information/hormone-replacement-therapy-hrt/>

Risks associated with HRT:

VTE

- <https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#long-term-benefits-and-risks-of-hormone-replacement-therapy>

CV disease

- <https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#long-term-benefits-and-risks-of-hormone-replacement-therapy>

Breast cancer

- <https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#long-term-benefits-and-risks-of-hormone-replacement-therapy>

Bone Health

- <https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#long-term-benefits-and-risks-of-hormone-replacement-therapy>

References

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<https://www.medicines.org.uk/emc/product/9511/smpc> (accessed 29/03/2021)

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BRITISH MENOPAUSE SOCIETY (BMS), 2020. *Hrt – Guide*. [online]. Available at:

[04-BMS-TfC-HRT-Guide-JULY2020-01D.pdf \(thebms.org.uk\)](https://www.thebms.org.uk/04-BMS-TfC-HRT-Guide-JULY2020-01D.pdf) (accessed 25/10/21).

NHS EDUCATION FOR SCOTLAND, PBSGL MODULE 2021. *Hormone Replacement Therapy*. (accessed via CPD Connect PBSGL homepage, subscription required).

Useful Websites:

The British Menopause Society (BMS):

[British Menopause Society | for healthcare professionals and others specialising in postreproductive health \(thebms.org.uk\)](https://www.thebms.org.uk/)

Primary Care Women's Health Forum (PCWHF):

[Home | Primary Care Women's Health Forum \(pcwhf.co.uk\)](https://www.pcwhf.co.uk/)

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