Wahine Health
GYNECOLOGY CARE FOR MAUI

PATIENT EDUCATION
MENOPAUSE & HORMONE THERAPY

Your estrogen options, *mapped.*

A guide to systemic hormone therapy — every route, plainly explained.

If hormone therapy has ever been presented to you as *the pill* or *the patch*, as though those were the only roads, here is the wider map. **Every option here delivers estradiol — the same bioidentical estrogen molecule your ovaries have made all your life.** What changes is the route: how it's absorbed, how steady your levels stay, how finely the dose can be tuned, and what it costs. The form is flexible. The goal — steady, adequate estrogen — is not.

Cost tiers: $ under ~$30/mo · $$ ~$30–100/mo · $$$ often $100+/mo
Estimates only. Coverage notes reflect what we typically see with Hawai'i plans (HMSA and others) and Medicare — always confirm with your plan. Discount-card pricing often beats a copay.

Transdermal patch — $

A small adhesive patch changed once or twice a week. Estradiol absorbs through the skin into the bloodstream — bypassing the liver's "first pass" — for steady, even levels.

Where it goes: lower abdomen (below the waistline) or upper buttock. Rotate sites; never on the breast.

Dosing flexibility: a ladder of strengths (commonly 0.025–0.1 mg/day) makes stepping up or down simple — you change patches, not habits.

Good to know: generics sit on the lowest copay tiers of most plans, including Medicare — typically $10–30/month. Skin irritation is the main complaint; Maui humidity and ocean time can test the adhesive.

Transdermal gel — $–$$$

A metered pump or single-dose packet applied daily; it dries in minutes and absorbs through the skin like the patch.

Where it goes: pump gels on the arm (wrist or elbow to shoulder, by product); single-dose packets on the upper thigh.

Dosing flexibility: the most titratable approved route — doses adjust in small pump-press or packet increments.

Good to know: in our experience, Hawai'i plans and Medicare rarely cover the *pump*. The generic *packet* form is the affordable route — under ~$45/month with a discount card. Let gel dry before skin-to-skin contact with keiki, pets, or partners.

Transdermal spray — $$$

A metered spray applied once daily — the same transdermal absorption in a quick, familiar format.

Where it goes: the inner forearm, between the elbow and wrist. Let it dry before covering.

Dosing flexibility: adjusts in fixed steps — one, two, or three sprays daily.

Good to know: brand-only; in our experience neither local Hawai'i plans nor Medicare typically cover it. Cash price runs roughly $150–250/month — a shortage backup if the budget allows.

Oral estradiol — $

A daily tablet taken by mouth — usually the most accessible and least expensive route, stocked at every pharmacy and covered by nearly every plan.

Dosing flexibility: several strengths (0.5, 1, and 2 mg), and tablets can be split — so small adjustments are easy.

Good to know: oral estradiol is absorbed through the gut and processed by the liver first (the "first pass"), which is the crux of the clot-risk conversation on the back of this page.

Vaginal ring — systemic — $$$

A soft, flexible ring that releases a steady, whole-body dose of estradiol for about three months. The most hands-off option there is.

Where it goes: worn internally (vaginally) — you place it, forget it, and replace it each season.

Dosing flexibility: two fixed strengths, set for the full three months — the least adjustable route, the trade for its convenience.

Good to know: this is the *systemic* ring — not the low-dose local ring for vaginal symptoms. Brand-only; a 90-day ring can run several hundred dollars without coverage.

Injectable estradiol — $

Estradiol given as an intramuscular injection every one to two weeks — a longer-standing route that's less common today.

Where it goes: into the muscle of the hip or upper thigh.

Dosing flexibility: dose and interval both adjust, but levels peak after each injection and taper before the next.

Good to know: generic vials are inexpensive (often under $50 with a discount card). Usually reserved for wāhine who don't absorb other routes well.

A closer look: *compounded* estradiol

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Compounding means your estradiol is prepared to your exact prescription — strength, form, and base — rather than a fixed factory dose. It's a route we actively use, and we work closely with a highly regarded Maui compounding pharmacy whose preparations we know, trust, and can adjust quickly.

WHEN WE REACH FOR IT
When the right dose sits between standard strengths, when adhesives, dyes, or fillers cause reactions, when the form you do best on isn't made commercially — or when national supply runs short.

DOSING FLEXIBILITY
The widest of any route — this is the whole point. Strength adjusts in small increments as your symptoms and labs dictate, without waiting on a manufacturer's step sizes.

FORMS & WHERE THEY GO
Transdermal creams (typically applied to the inner arms or inner thighs), vaginal creams, troches (lozenges dissolved in the cheek), and capsules — matched to how you absorb and what fits your routine.

WORKING WITH OUR PHARMACY
Because the relationship is local and direct, refills, dose changes, and questions move fast — no mainland mail-order lag between your visit and your medicine.

One thing worth knowing: compounded preparations aren't FDA-approved products; they're prepared for an individual patient by licensed pharmacies under federal 503A/503B rules. Typically cash-pay.

The safety conversation, *honestly.*

The route matters more than the headline.
Transdermal estradiol — patch, gel, spray, or ring — skips the liver's first-pass metabolism, and observational studies consistently associate it with a lower risk of blood clots than oral estrogen. That doesn't make oral unsafe: for many women without clot risk factors it remains a reasonable, affordable choice. It means the route is a real clinical decision, not an afterthought.

Timing matters, too.
Current menopause-society guidance holds that for most healthy women who begin hormone therapy before age 60 or within about ten years of their final period, benefits generally outweigh risks. Starting later doesn't close the door — it changes the conversation, and the workup before it.

If you have a uterus: the progestogen rule.
Systemic estrogen on its own stimulates the uterine lining, which over time raises endometrial cancer risk. Adding a progestogen protects the lining and removes that excess risk — which is exactly why the FDA's endometrial-cancer warning remains on estrogen-alone products. It's a reminder of the rule, not a reason to avoid therapy done correctly.

The label finally caught up with the evidence.
In late 2025, the FDA moved to remove the broad boxed warning that had sat on hormone-therapy products since the 2002 WHI headlines — reflecting two decades of re-analysis of who was studied, at what age, and with which formulations. The endometrial warning stays where it belongs: on estrogen-alone products, for the reason above.

When we individualize with extra care.
A history of breast cancer, a prior blood clot, stroke, or heart attack, unexplained vaginal bleeding, or active liver disease each changes the risk calculus. None of these automatically ends the conversation — they change it, and they're precisely why this decision is made with your clinician, not from a handout.

Questions worth bringing to your visit

- Given my history, does transdermal or oral make more sense for me?
- What dose do we start with — and how will we know it's working?
- I have a uterus: which progestogen, and in what form?
- What will my preferred route actually cost with my coverage?
- If my prescription is ever backordered, what's our plan B?
- Would a compounded preparation fit my situation?

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SCAN TO SAVE
this handout to your phone

Wondering if this *is* perimenopause? Take our free, private 3-minute symptom check-in: wahinehealth.com/gynecology-blog/perimenopause-quiz