Wahine Health
GYNECOLOGY CARE FOR MAUI

Your local estrogen options, *mapped.*

A guide to vaginal estrogen therapy — every form, plainly explained.

If sex has started to hurt, if dryness or burning has become your quiet daily companion, or if you're on your third UTI this year — this page is for you. These symptoms share a name, the **genitourinary syndrome of menopause (GSM)**, and a cause: the estrogen receptors in the vagina, vulva, urethra, and bladder losing their signal. Local estrogen restores that signal right where it's needed, with minimal absorption into the rest of the body — and unlike a moisturizer, it treats the tissue, not just the symptom.

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.

Estradiol cream — $

Bioidentical estradiol in a cream, measured and placed with a reusable applicator.

Where it goes: inserted vaginally at bedtime; a pea-size amount can also go directly on the vulva when symptoms are external.

Dosing flexibility: the most adjustable local form — the amount is marked on the applicator and dialed up or down; frequency tapers from nightly (1–2 weeks) to 1–3× a week.

Good to know: generic runs ~$29–40 with a discount card and is widely covered. The workhorse of local therapy — and the only form that treats external tissue directly.

Conjugated estrogens cream — $$$

The longest-established vaginal cream — a different estrogen molecule (conjugated estrogens rather than estradiol), used the same way.

Where it goes: inserted vaginally with an applicator; external use as directed.

Dosing flexibility: like estradiol cream, the applicator dose adjusts; typical schedule is twice weekly after a loading phase.

Good to know: brand-only, and retail can top $400 a tube — a commercial-insurance copay card can bring it near $25, but generic estradiol cream does the same job for far less.

Vaginal tablet insert — $–$$

A tiny estradiol tablet (10 mcg) in a slim, pre-loaded, single-use applicator — the tidiest option, no cream residue.

Where it goes: inserted vaginally; the tablet adheres and dissolves in place.

Dosing flexibility: the dose is fixed; the schedule flexes — nightly for 2 weeks, then twice a week.

Good to know: generic 8-packs run under ~$40 with a coupon, and most plans cover the generic. A favorite for ease and cleanliness.

Softgel insert — $$$

A small estradiol softgel placed with a fingertip — no applicator at all, and usable any time of day.

Where it goes: inserted vaginally about two finger-lengths in; dissolves without residue.

Dosing flexibility: two strengths (4 and 10 mcg) — the 4 mcg is the lowest-dose FDA-approved local option. Nightly for 2 weeks, then twice a week.

Good to know: brand-only and rarely covered — retail is startling, but a discount program brings an 8-pack to ~$85, or ~$35 with a commercial copay card.

Low-dose vaginal ring — $$

A soft ring releasing a steady low local dose (7.5 mcg/day) for three months — nothing to remember between placements.

Where it goes: worn internally; you place it (or we do) and replace it each season. Distinct from the systemic ring on our other handout.

Dosing flexibility: one strength, set for the full 90 days — the least adjustable, most hands-off local form.

Good to know: brand-only; cash runs ~$249 per ring (about $83/month), and a commercial copay card can drop it to ~$25 per ring.

DHEA insert (prasterone) — $$$

Not an estrogen itself — a precursor (DHEA) that vaginal cells convert into estrogens and androgens locally, inside the tissue.

Where it goes: inserted vaginally with an applicator, nightly.

Dosing flexibility: one strength, nightly, ongoing — no loading-then-taper schedule.

Good to know: brand-only and coverage varies. An option worth discussing when androgen-pathway symptoms are part of the picture, or when an estrogen-free label matters to you.

A closer look: *compounded* vaginal estrogen

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Compounded vaginal creams and suppositories are prepared to your exact prescription — strength, base, and hormone — by the highly regarded Maui compounding pharmacy we work with closely. Refills and dose changes move fast, with no mainland mail-order lag.

WHEN WE REACH FOR IT
When standard strengths don't fit, when a base or preservative causes irritation in already-sensitive tissue, or when we want estriol — a gentler estrogen available in the U.S. only through compounding.

FORMS & WHERE THEY GO
Vaginal creams (applicator, with external vulvar use as directed) and vaginal suppositories; estradiol, estriol, or blends of the two.

DOSING FLEXIBILITY
The widest of any local form — hormone, strength, and base all tailored, and adjusted in small increments as your tissue responds.

WORKING WITH OUR PHARMACY
Because the relationship is local and direct, we can fine-tune your preparation between visits — often within days.

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.

What makes local therapy *different.*

Local means local.
At these doses, absorption into the bloodstream is minimal — blood estradiol stays in or near the postmenopausal range. The estrogen works in the tissue it touches: vagina, vulva, urethra, bladder. That's why local therapy can also mean fewer recurrent UTIs — the urinary tract is estrogen-responsive tissue, too.

No progestogen needed.
Unlike systemic hormone therapy, low-dose vaginal estrogen doesn't require a progestogen — even if you have a uterus. The endometrial stimulation that drives the systemic-therapy rule simply doesn't occur at local doses. Any unexpected bleeding still deserves a call and a look.

The label caught up with the evidence.
For years, low-dose vaginal estrogen carried the same boxed warning as systemic therapy — a mismatch menopause societies argued against for a decade. In late 2025, the FDA moved to remove that warning from low-dose vaginal estrogen, aligning the label with what the absorption data have long shown.

After breast cancer, the door is often still open.
We start with nonhormonal moisturizers and lubricants — and when those aren't enough, low-dose vaginal estrogen is often still a reasonable option, decided together with your oncology team. A history of breast cancer changes the conversation; it doesn't automatically end it.

It's treatment, not a quick fix.
Local estrogen rebuilds tissue over weeks, not days — most wāhine notice real change by week four to six. It works for as long as you use it, and symptoms typically return when you stop. Moisturizers and lubricants add comfort along the way, but they don't restore the tissue itself.

Questions worth bringing to your visit

- Which form fits my symptoms — and my routine?
- My symptoms are mostly external — does that change the choice?
- What's the loading schedule, and when will I notice change?
- I'm on systemic hormone therapy — can I add local too?
- I've had breast cancer — what are my options?
- What will this actually cost with my coverage?