Wahine Health
GYNECOLOGY CARE FOR MAUI

Your progestogen options, *mapped.*

The "other half" of hormone therapy — every form, plainly explained.

Estrogen gets the attention, but the progestogen is the quiet partner doing an essential job: **protecting the lining of your uterus while you're on systemic estrogen.** One vocabulary note worth having: *progesterone* is the bioidentical hormone your ovaries make; *progestins* are synthetic cousins built to act like it; "progestogen" is the umbrella for both. Which one you take — and how — shapes your sleep, your bleeding pattern, and how you feel on therapy.

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.

Micronized progesterone (oral) — $

Bioidentical progesterone — the same molecule your ovaries make — in a soft capsule taken at bedtime.

Where it goes: by mouth, at bedtime — its natural drowsiness becomes a sleep benefit instead of a side effect.

Dosing flexibility: 100 mg nightly (continuous) or 200 mg for 12 nights a month (cyclic); the same capsule can be used vaginally, off-label, if grogginess is a problem.

Good to know: generic runs ~$12–20/month and is covered by most plans, including Medicare. Many formulations contain peanut oil — tell us about allergies.

Progestin tablets — $

Synthetic progestogens — medroxyprogesterone or norethindrone — in a small daily tablet. Older tools, still useful.

Where it goes: by mouth, morning or night.

Dosing flexibility: several strengths; continuous or cyclic schedules both work.

Good to know: pennies-per-day generics, covered nearly everywhere — the practical choice when progesterone isn't tolerated. If mood or bloating shows up, switching classes often fixes it.

Combination capsule — $$-$$$

Bioidentical estradiol and progesterone together in one nightly capsule — the whole regimen in a single step.

Where it goes: by mouth, at bedtime.

Dosing flexibility: fixed pairings of the two hormones — simple, but less individually adjustable than separate prescriptions.

Good to know: brand-only; a discount program brings it to ~$85/month, or ~$35 with a commercial copay card. Worth it when simplicity keeps you consistent.

Combination patch — $$$

Estradiol plus a progestin in one twice-weekly patch — transdermal estrogen and lining protection in a single product.

Where it goes: lower abdomen, below the waistline — rotate sites; never on the breast.

Dosing flexibility: a few fixed pairings; changing one hormone means changing the whole patch.

Good to know: one prescription, one copay — but brand pricing without a savings card can be steep, and coverage varies. We'll price it against separates for you.

Hormonal IUD — $-$$$

A levonorgestrel IUD delivers its progestogen directly to the uterine lining — protection at the source, with almost none circulating.

Where it goes: placed in the uterus during a short office visit; nothing to remember afterward.

Dosing flexibility: one device, up to eight years — and it handles contraception and heavy perimenopausal bleeding at the same time.

Good to know: guideline-recognized for lining protection during estrogen therapy (an off-label use). Often fully covered as contraception on commercial plans; without coverage the device and placement are a significant one-time cost.

Progesterone, vaginal route — $-$$

The same micronized progesterone, used vaginally (capsule or compounded suppository) — an off-label route that skips the liver.

Where it goes: inserted vaginally at bedtime.

Dosing flexibility: dose and frequency adjust like oral; grogginess largely disappears with this route.

Good to know: the evidence base for lining protection is smaller than for nightly oral dosing — a real trade-off we discuss openly and monitor accordingly.

A closer look: *compounded* progesterone

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Compounded progesterone — capsules, troches, and vaginal suppositories — prepared to your exact prescription 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 a peanut-oil allergy rules out standard capsules (compounded in alternative oils), when the right dose sits between commercial strengths, or when a troche or suppository fits better than a capsule.

FORMS AVAILABLE
Capsules and troches (lozenges dissolved in the cheek) by mouth; suppositories for the vaginal route.

DOSING FLEXIBILITY
Any strength, adjusted in small increments as sleep, bleeding, and symptoms dictate.

ONE HONEST LIMIT
Progesterone *skin creams* absorb erratically and haven't been shown to reliably protect the uterine lining — so we never use a cream as your lining protection, compounded or otherwise.

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.

Why the progestogen matters, *honestly.*

The rule, and the reason.
Systemic estrogen on its own stimulates the uterine lining, which over time raises endometrial cancer risk; a progestogen protects the lining and removes that excess risk. This is exactly why the FDA's endometrial warning remains on estrogen-alone products. No uterus? Then you usually don't need a progestogen at all — one of the simplest wins in hormone therapy.

Progesterone and progestins aren't interchangeable words.
Large observational studies suggest micronized progesterone may carry a more favorable breast and clot profile than some older synthetic progestins — associational data, not proof, but part of why it's often our starting point. Progestins remain legitimate, useful tools, especially when progesterone doesn't agree with you.

The sleep dividend.
Progesterone's metabolites act on the brain's calming GABA system — which is why we dose it at bedtime, and why many wāhine count deeper sleep among the first benefits they notice. If it leaves you groggy instead, the vaginal route or a timing change usually solves it.

Bleeding, decoded.
Continuous dosing aims for no bleeding at all — though spotting in the first few months is common and usually settles. Cyclic dosing trades that for a planned, predictable monthly bleed. Either way, unexpected or persistent bleeding isn't something to watch and wait on — call us, and we'll take a look.

When we individualize.
A peanut allergy changes the formulation, not the plan. Mood sensitivity to one progestogen often disappears on another. A past ablation doesn't remove the need for protection. And for many wāhine in perimenopause, the hormonal IUD quietly solves three problems at once.

Questions worth bringing to your visit

- Continuous or cyclic — which fits my stage and my preferences?
- I've had an ablation — do I still need lining protection?
- I have a peanut allergy — what are my formulation options?
- Progestogens have affected my mood before — what would we try?
- Could a hormonal IUD be my progestogen?
- What will my option cost with my coverage?

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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