



Topical Bio-Identical Hormone *Supplementation Guidelines*

INTRODUCTION: These guidelines are established based upon over 40 years of combined clinical experience in balancing male and female sex hormones. Dosages, intervals and applications listed below have been determined to be excellent starting points once a need for supplementation has been established through laboratory validation. Please note that these are starting dosages, which need to be monitored through laboratory and clinical follow up. Salivary testing should be done for baseline hormone levels prior to initiating supplementation with repeat laboratory testing and clinical follow up at 2-3 month intervals until hormone levels are balanced, then yearly thereafter.

PROGESTERONE

Pre-menopause interested in conception: USP Progesterone 20-30mg in a transdermal base applied day 15 through 28 of the menstrual cycle. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Dose may be given qd or split into bid application as preferred by provider and patient. An example script: P4 25mg/ml, #14, Sig: ½ml bid or 1ml qd (day 15 through 28). 2 refills will take the patient up to the 3 month retest interval.

Pre-menopause NOT interested in conception: USP Progesterone 20-30mg in a transdermal base applied day 7 through 28 of the menstrual cycle. In other words, apply on days not menstruating. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. An example script: P4 25mg/ml, #22, Sig: ½ml bid or 1ml qd (day 7 through 28). 2 refills will take the patient up to the 3 month retest interval.

Post-menopause: USP Progesterone 20-30mg in a transdermal base applied daily. Some providers prefer to cycle dosage, e.g., 3 weeks on and 1 week off. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Example scripts: P4 25mg/ml, #30, Sig: ½ ml bid or 1ml qd or alternatively: Sig: ½ ml bid or 1ml qd (3 wks on, 1wk off). 2 refills will take the patient up to the 3 month retest interval.

Andropause (Men): USP Progesterone 5 to 10mg in a transdermal base applied daily. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Example script: P4 10mg/ml, #30, Sig: 1ml qd. 2 refills will take the patient up to the 3 month retest interval.

BI-ESTROGEN (BIEST): Typically given in a 4:1 ratio (80%/20%) of E3:E2.

Pre-menopause interested in conception: USP Estriol(E3) and estradiol(E2) combination: 1mg (E3:E2;4:1) in a transdermal base applied day 1 through 12 of the menstrual cycle. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Dose may be given qd or split into bid application as preferred by provider and patient. An example script: Biest 1mg (E3:E2;4:1)/ml, #12, Sig: ½ml bid or 1ml qd (day 1 through 12). 2 refills will take the patient up to the 3 month retest interval.

Pre-menopause NOT interested in conception: USP Estriol(E3) and estradiol(E2) combination: 1mg (E3:E2;4:1) in a transdermal base applied day 1 through 25 of the menstrual cycle. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Dose may be given qd or split into bid application as preferred by provider and patient. An example script: Biest 1mg (E3:E2;4:1)/ml, #25, Sig: ½ml bid or 1ml qd (day 1 through 25). 2 refills will take the patient up to the 3 month retest interval.

Post-menopause: USP Estriol(E3) and estradiol(E2) combination: 1mg (E3:E2;4:1) in a transdermal base applied daily. Some providers prefer to cycle dosage, e.g., 3 weeks on and 1 week off. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Example scripts: Biest 1mg (E3:E2;4:1), #30, Sig: ½ml bid or 1ml qd or alternatively: Sig: ½ml bid or 1ml qd (3 wks on, 1wk off). 2 refills will take the patient up to the 3 month retest interval.



ESTRIOL

Women: Estriol 1mg in a transdermal base applied daily. Can be applied to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet, or can be applied directly to vaginal tissue when vaginal dryness is an issue. Example script: Estriol 1mg/ml, #30, Sig: 1ml qd or alternatively: Sig: 1ml qd applied pv qhs for two weeks, applying prn thereafter. 2 refills will take the patient up to the 3 month retest interval.

TESTOSTERONE

Women: USP Testosterone: 0.25-1.5mg in a transdermal base applied daily. Some providers prefer to cycle dosage, e.g., 3 weeks on and 1 week off. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Example scripts: Testosterone 0.5mg/ml, #30, Sig: ½ml bid or 1ml qd or alternatively: Sig: ½ml bid or 1ml qd (3 wks on, 1wk off). 2 refills will take the patient up to the 3 month retest interval.

Men: USP Testosterone: 5-20mg in a transdermal base applied daily. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Example scripts: Testosterone 10mg/ml, #30, Sig: ½ml bid or 1ml qd. 2 refills will take the patient up to the 3 month retest interval. Note: It is important to monitor PSA and CBC levels during the treatment interval.

DHEA

Women: USP DHEA: 2-10mg in a transdermal base applied daily. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Example scripts: DHEA 10mg/ml, #30, Sig: ½ml bid or 1ml qd. 2 refills will take the patient up to the 3 month retest interval. Note: DHEA supplementation will often raise testosterone levels (due to conversion in the adrenal glands), which may placate the need for testosterone supplementation. It has been observed that DHEA in combination with other hormones particularly progesterone, tends to compete with absorption and equivalent oral dosing may be a consideration.

Men: USP DHEA: 5-25mg in a transdermal base applied daily. Rotate application sites daily to an area of the body with little subcutaneous fat: inner arm, behind knees or tops of feet. Example scripts: DHEA 10mg/ml, #30, Sig: ½ml bid or 1ml qd. 2 refills will take the patient up to the 3 month retest interval. Note: DHEA supplementation in males will NOT substantially raise testosterone levels.

COMBINATION FORMULAS

Several bioidentical hormones can be combined effectively into a single transdermal cream, although it may be advantageous to prescribe the hormones individually until the correct dosage balance has been established. Once combined into a single cream, the absorption characteristics of each hormone may change slightly. For example, it has been observed that DHEA may compete for absorption with progesterone when given in a combined cream. In this situation, the DHEA can be given orally, as it is reasonably well absorbed in this form. There are varying opinions on which approach is best, and each individual patient case should be treated individually. The following are combination formula examples:

Post-menopause: Biest 1mg (E3:E2;4:1), P4 25mg, DHEA 10mg, testosterone 0.5mg, #30, Sig: ½ml bid or 1ml qd or alternatively: Sig: ½ml bid or 1ml qd (3 wks on, 1wk off). 2 refills will take the patient up to the 3 month retest interval.

Men: P4 5mg, testosterone 10mg, DHEA 10mg/ml, #30, Sig: ½ ml bid or 1ml qd. 2 refills will take the patient up to the 3 month retest interval.

Conversion for all hormone creams	
100mg/ml	10% cream
30mg/ml	3% cream
20mg/ml	2% cream
10mg/ml	1% cream
1mg/ml	0.1% cream
0.5mg/ml	0.05% cream