Why you may not be able to fill your estrogen patch

There is currently a nationwide shortage of estrogen (estradiol) patches. This is a supply problem affecting pharmacies everywhere — it is not related to your prescription or your health. Many patients are having trouble getting their usual patch filled right now.

The good news: your estrogen can almost always be continued without interruption. There are two ways to solve this, and **the first step is yours.**

Please try these steps in order

Step 1 — Call around to find your patch in stock (do this first). Supply varies a lot from one pharmacy to another. Before we change anything, please:

- Call your regular pharmacy and ask if they can order your patch or tell you when it will be back.
- Call a few other pharmacies nearby (including large chains and grocery-store pharmacies) and ask if they have your exact patch and strength in stock.
- If you find one that has it, ask them to transfer your prescription, or call our office and we will send it to that pharmacy. **You do not need a new prescription for a simple transfer.**

Step 2 — If you cannot find your patch anywhere, ask the pharmacist what estradiol they do have. Estradiol comes in several forms that work equally well at a matching strength, including:

- A **once-weekly patch** (worn 7 days)
- A **twice-weekly patch** (changed twice a week)
- An estradiol **gel** or **spray** applied to the skin daily

Ask the pharmacist specifically: "Which estradiol patches, gels, or sprays do you currently have in stock, and in what strengths?" Write down what they tell you.

A note about the estrogen pill (oral estradiol): You may wonder why we don't just switch everyone to a pill. Estrogen absorbed through the skin (patch, gel, or spray) goes straight into the bloodstream, while an estrogen pill is swallowed and processed by the liver first. That extra step can raise the risk of blood clots and stroke more than the skin forms do — a difference that matters especially if you have higher risk for clots, high blood pressure, or certain other health conditions. For that reason, we try to keep you on a skin form (another patch, or a gel or spray) whenever possible. A pill may still be a reasonable option for some patients, which is why it's best for us to decide together based on your health history rather than switching automatically.

Step 3 — Then contact our office with that information. Once you know what your pharmacy actually has available, call or message us with that list. This lets us switch you to an equivalent form at the correct strength in a single step, so you are not left waiting while we guess what is in stock.

Please do not stop your estrogen on your own. Stopping suddenly can bring back hot flashes, night sweats, sleep problems, and other symptoms. If you have a few days' supply left, keep using it while you work through the steps above.

If you have a uterus and also take a progesterone/progestin, keep taking it as prescribed. Do not stop it, even if your estrogen form is changing.

When to call us sooner:

- You have run out completely and cannot find any estradiol product anywhere.
- Your menopause symptoms have returned and are bothering you.
- You have any new or unusual symptoms you are worried about.

Thank you for your patience. Checking pharmacy availability yourself first is the fastest way for us to get you the right replacement without a gap in your treatment.