

## Basic Feminizing Regimen

	Estrogen			Androgen antagonist				
Agent	17β-estradiol			spironolactone	and/ or	finasteride	and/ or	Cyproterone acetate
Administration	Transdermal	or	oral	oral		oral		oral
Brand name	Estradot®, Estraderm®, Oesclim®		Estrace®	Aldactone®		Proscar®		Androcur®
Pre- orchiectomy	<i>Use transdermal if &gt;40 yrs or at risk for DVT</i>  start at 0.1 mg/24 hrs, applied twice per week; gradually increase up to maximum of 0.4 mg/24 hrs, applied twice per week		<i>Oral is an option if &lt;40 yrs and low risk for DVT</i>  start with 1–2 mg qd; gradually increase up to maximum 6 mg qd	start with 50– 100 mg qd; increase by 50–100 mg each month up to average 200–300 mg qd (maximum 500 mg qd)  <i>modify if risks of adverse effects: see below§</i>		2.5–5.0 mg qd for systemic anti- androgen effect; 2.5 mg every other day if solely for androgenic alopecia		25-50 mg qd
Post- orchiectomy	0.025–0.1 mg/24 hrs, applied twice per week		1–2 mg qd	25–50 mg qd		2.5 mg qd		0 mg qd

§ If taking ACE-inhibitors or other potassium-sparing medication, spironolactone should not go above 25 mg qd, and serum potassium should be closely monitored. If the patient has low blood pressure or renal insufficiency, start at 50 mg and increase by up to 50 mg per week to a maximum of 300 mg qd, with a renal function test 1–2 weeks after each increase.

\* Plus the dispensing fee set by each pharmacy and billed each time a prescription is refilled. In BC the average fee in 2013 was \$10.43, although compounding pharmacies may charge significantly more.