

# Estradiol Transdermal System

*estradiol*

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## Consumer Medicine Information

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### What is in this leaflet

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This leaflet answers some common questions about the menopause ("change of life"), hormone replacement therapy and Estradiol transdermal system.

It does not contain all the available information. It does not take the place of talking to your doctor or pharmacist.

The information in this leaflet was last updated on the date listed on the final page. More recent information on the medicine may be available.

**You should ensure that you speak to your pharmacist or doctor to obtain the most up-to-date information on the medicine. You can also download the most up-to-date leaflet from [www.medsafe.govt.nz](http://www.medsafe.govt.nz).**

Those updates may contain important information about the medicine and its use of which you should be aware.

All medicines have risks and benefits. Your doctor has weighed the risks of you using Estradiol transdermal system against the benefits they expect it will provide.

**If you have any concerns about using this medicine, ask your doctor or pharmacist.**

**Keep this leaflet with the medicine.** You may need to read it again.

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### When you must not use Estradiol transdermal system

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**Do not use Estradiol transdermal system or other estrogens, with or without a progestogen to prevent heart attacks, stroke or dementia.**

A study called the Women's Health Initiative indicated increased risk of heart attack, stroke, breast cancer, and blood clots in the legs or lungs in women receiving treatment with a product containing conjugated estrogens 0.625 mg and the progestogen medroxyprogesterone acetate (MPA). The researchers stopped the study after 5 years when it was determined the risks were greater than the benefits in this group. The Women's Health Initiative Memory Study indicated increased risk of dementia in women aged 65-79 years taking conjugated estrogens and MPA. There are no comparable data currently available for other doses of conjugated estrogens and MPA or other combinations of estrogens and progestogens. Therefore, you should assume the risks will be similar for other medicines containing estrogen and progestogen combinations.

**Talk regularly with your doctor about whether you still need treatment with Estradiol transdermal system.**

Treatment with estrogens, with or without progestogens should be used at the lowest effective dose and for the shortest period of time.

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### What Estradiol transdermal system is used for

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Estradiol transdermal system is a type of treatment called hormone replacement therapy (HRT). It is a stick-on patch that contains a hormone called estradiol.

Estradiol transdermal system is used for the short-term relief of symptoms of the menopause.

HRT is not used for the long-term maintenance of general health or to prevent heart disease or dementia.

Estradiol transdermal system is not suitable for birth control and it will not restore fertility.

### How it works

Estradiol is a natural female sex hormone called an estrogen. It is the same hormone that your ovaries were producing before the menopause.

The menopause occurs naturally in the course of a woman's life, usually between the ages of 45 and 55. It may happen sooner if the ovaries are removed by surgery (e.g. total hysterectomy). After menopause, your body produces much less estrogen than it did before. This can cause unpleasant symptoms such as a feeling of warmth in the face, neck and chest, "hot flushes" (sudden, intense feelings of heat and sweating throughout the body), sleep problems, irritability and depression. Some women also have problems with dryness of the vagina causing discomfort during or after sex. Estrogens can be given to reduce or eliminate these symptoms.

Estradiol transdermal system releases estradiol in a continuous and controlled way just as your ovaries were doing before. Because the medicine does not have to pass through your stomach and liver, it allows you to take a much lower dose of estrogen than would be needed in a tablet and helps to avoid some unpleasant side effects.

**Ask your doctor if you have any questions about why this medicine has been prescribed for you.**

Your doctor may have prescribed it for another purpose.

This medicine is available only with a doctor's prescription. It is not habit-forming

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## **Before you use Estradiol transdermal system**

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### ***When you must not use it***

**Do not use Estradiol transdermal system if you have an allergy to:**

- estradiol, the active ingredient, or to any of the other ingredients listed at the end of this leaflet
- any other medicine containing estrogen, including the birth control pill

Some of the symptoms of an allergic reaction may include shortness of breath, wheezing or difficulty breathing; swelling of the face, lips, tongue or other parts of the body; rash, itching or hives on the skin.

If you had a severe skin reaction in the past, you could have a very serious reaction if you use any type of estrogen (patch, tablet, cream, etc.) again.

**Do not use Estradiol transdermal system if you have:**

- cancer of the breast or uterus (womb) or any other estrogen dependent cancer, or you have had this condition in the past
- ever had blood clots in the veins or lungs. You may have had painful inflammation of the veins or blockage of a blood vessel in the legs, lungs, brain or heart
- a condition that increases the

tendency for you to get blood clots

- abnormal vaginal bleeding that has not been investigated
- severe liver problem
- a condition called porphyria, this condition affects your liver

If you are not sure whether any of the above conditions apply to you, your doctor can advise you.

**Do not use Estradiol transdermal system if you are pregnant or breast-feeding.**

It may affect your baby.

**If you still have a uterus (womb), do not use Estradiol transdermal system unless you are also taking another drug called a progestogen.**

Women who still have a uterus must take both estrogen and progestogen as part of HRT. This is because estrogen stimulates the growth of the lining of the uterus (called the endometrium). Before menopause this lining is removed during your period through the action of a natural progestogen. After menopause, taking estrogen on its own as HRT may lead to irregular bleeding and to a disorder called endometrial hyperplasia. Your doctor will prescribe a progestogen to protect the lining of the uterus from the effects of estrogen.

**Do not use this medicine after the expiry date printed on the pack or if the packaging is torn or shows signs of tampering.**

In that case, return it to your pharmacist.

### ***Before you start to use it***

**Tell your doctor if you have:**

- a family history of breast cancer
- nodules, lumps or cysts in your breasts or any other benign breast condition (not cancer)
- endometriosis (a disorder of the uterus that may cause painful periods and abnormal bleeding)
- fibroids or other benign tumours of the uterus (not cancer)
- had one or more pregnancies where you lost the baby before birth
- high blood pressure
- heart disease
- kidney or liver problems

- diabetes
- epilepsy
- migraine or other severe headaches
- gall bladder disease
- asthma
- hearing loss due to a problem with the bones in the ear called otosclerosis
- a high level of triglycerides in the blood
- a disorder called systemic lupus erythematosus (SLE)
- a bone disease causing high calcium levels in the blood
- very low calcium levels in the blood
- had a problem in the past with jaundice (a liver problem) or itching skin when you took an
- estrogen (e.g. the birth control pill or HRT) or during pregnancy
- a skin condition that could be made worse by applying the patch
- hypothyroidism (a condition in which your thyroid gland fails to produce enough thyroid hormone and for which you are treated with thyroid hormone replacement therapy). Your doctor will then have to monitor your thyroid hormone levels regularly
- severe allergic reactions
- hereditary angioedema or episodes of rapid swelling of the hands, feet, face, lips, eyes, tongue, throat (airway blockage) or digestive tract

**Tell your doctor if any of these apply to you before you use Estradiol transdermal system.**

Your doctor may want to take special precautions if you have or have had any of the above conditions.

**Tell your doctor if you are likely to have an increased risk of developing blood clots in your blood vessels. The risk increases as you get older and it may also be increased if:**

- anyone in your immediate family
- has ever had blood clots in the blood vessels of the legs or lungs
- you are overweight
- you have varicose veins
- you have a disorder called systemic lupus erythematosus (SLE)

## ***Taking other medicines***

### **Tell your doctor if you are taking birth control pills.**

Estradiol transdermal system is not a contraceptive. Since pregnancy may be possible early in the menopause while you are still having menstrual periods, you should ask your doctor to suggest another (non- hormonal) method of birth control.

### **Tell your doctor or pharmacist if you are taking any other medicines, including medicines that you buy without a prescription from a pharmacy, supermarket or health food shop.**

Some medicines and Estradiol transdermal system may interfere with each other. These include:

- herbal medicines containing St. John's wort
- some medicines to help you sleep, including barbiturates and meprobamate
- some medicines for epilepsy, including phenytoin, phenobarbitone and carbamazepine
- phenylbutazone, a medicine for pain and inflammation
- some antibiotics and other anti-infective medicines, including rifampicin, ketoconazole, erythromycin, rifabutin, nevirapine, efavirenz, ritonavir and nelfinavir

You may need to take different amounts of your medicines or to take different medicines while you are using Estradiol transdermal system. Your doctor and pharmacist have more information.

### **If you have not told your doctor about any of these things, tell him/her before you start using this medicine.**

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## **How to use Estradiol transdermal system**

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**Follow all directions given to you by your doctor and pharmacist carefully.** These instructions may differ from the information contained in this leaflet.

**If you do not understand the instructions on the label, ask your doctor or pharmacist for help.**

### ***When to start it***

If you are not already using HRT, you can start Estradiol transdermal system at a convenient time for you. If you are already using a different type of HRT, your doctor can advise you when to switch to Estradiol transdermal system.

### ***How much to use***

Estradiol transdermal system come in four strengths. You will usually start with estradiol 0.025 mg/day transdermal patches. Your doctor will check your progress and may change you to a lower or higher strength, depending on your response to treatment.

### ***How to use it***

A leaflet in the carton contains pictures and information on how to apply the patch properly.

You will have a patch on all the time. You will apply a new patch twice weekly (every 3 or 4 days). There are 8 patches in the carton, enough for a 4-week cycle.

If you have not had a hysterectomy (operation to remove the uterus), you must take another type of hormone called a progestogen as well as using the patches. A progestogen helps to protect the lining of the uterus. If you have not been asked to take a progestogen, talk to your doctor.

### ***How long to use it***

**If you want to continue using HRT for longer than a few months, discuss the possible risks and benefits with your doctor.**

You may have an increased risk of developing breast cancer, heart disease, stroke, blood clots on the lungs and dementia. On the other hand, the risk of hip fractures and bowel cancer may be reduced. If you have had a hysterectomy but still have your ovaries, there may also be a small increase in the risk of

developing cancer of the ovaries. Women taking estrogens alone, or in combination with progestogens, may have a higher risk of ovarian cancer that may appear within 5 years of use and slowly diminishes over time after discontinuation. Your doctor can discuss these risks and benefits with you, taking into account your particular circumstances.

### ***If you forget to use it***

**Apply a new patch as soon as you remember, and then go back to your usual schedule.**

**If you have trouble remembering when to use or replace your patches, ask your pharmacist for some hints.**

### ***If you use too much (Overdose)***

**Immediately telephone your doctor or Poisons Information Centre (telephone 0800 POISON or 0800 764766) or go to Accident and Emergency at your nearest hospital, if you think that an overdose has happened. Keep the telephone numbers for these places handy.** Because of the way this medicine is used, an intentional overdose is unlikely. Swallowing a patch may cause nausea and vomiting.

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## **While you are using Estradiol transdermal system**

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### ***Things you must do***

**If you become pregnant while using Estradiol transdermal system, tell your doctor immediately.**

It should not be used while you are pregnant.

**See your doctor at least once a year for a check-up. Some women will need to go more often. Your doctor will:**

- check your breasts and order a mammogram at regular intervals
- check your uterus and cervix and do a pap smear at regular intervals
- check your blood pressure and cholesterol level.

**Check your breasts each month and report any changes promptly to your doctor.**

Your doctor or nurse can show you how to check your breasts properly.

**Tell your doctor that you are using Estradiol transdermal system well in advance of any expected hospitalisation or surgery. If you go to hospital unexpectedly, tell the doctor who admits you that you are using it.**

The risk of developing blood clots in your blood vessels may be temporarily increased as a result of an operation, serious injury or having to stay in bed for a prolonged period. If possible, this medicine should be stopped at least 4 weeks before surgery and it should not be restarted until you are fully mobile.

**If you are about to have any blood tests, tell the person who takes the blood that you are using Estradiol transdermal system.**

It may interfere with the results of some tests.

**If you are about to be started on any new medicine, remind your doctor and pharmacist that you are using Estradiol transdermal system.**

**Tell any other doctor, dentist or pharmacist who treats you that you are using Estradiol transdermal system.**

### ***Things you must not do***

**Do not use this medicine to treat any other complaints unless your doctor tells you to.**

**Do not give it to anyone else, even if their symptoms seem similar to yours.**

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## **Side effects**

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**Tell your doctor or pharmacist as soon as possible if you do not feel well while you are using Estradiol transdermal system.** All medicines can have side effects.

Sometimes they are serious, most of the time they are not. You may need medical treatment if you get some of the side effects.

**Do not be alarmed by these lists of possible side effects. You may not experience any of them. Ask your doctor or pharmacist to answer any questions you may have.**

**Tell your doctor or pharmacist if any of the side effects get serious, or if you notice any side effects not listed in this leaflet.**

**Tell your doctor immediately or go to Accident and Emergency at your nearest hospital if you notice any of the following:**

- signs of allergy such as itching, hives, breathlessness or difficult breathing, wheezing or coughing, light-headedness, dizziness, changes in levels of consciousness, skin reddening, swelling of the face, lips, tongue, around the eyes or other part of the body; shortness of breath, wheezing or troubled breathing
- signs or symptoms of blood clots, such as sudden severe headache, sudden loss of coordination, blurred vision or sudden loss of vision, slurred speech, numbness or tingling in an arm or leg, painful swelling in the calves or thighs, chest pain, difficulty breathing, coughing blood
- pain or tenderness in the abdomen, which may be accompanied by fever, loss of appetite, nausea and vomiting
- a yellow colour to the skin or eyes, itching, dark coloured urine or light coloured bowel motions
- signs of a skin reaction, such as redness, swelling, painful sores or lumps, areas of skin that bleed or weep fluid
- signs or symptoms of a heart attack, chest pain, dizziness, nausea, shortness of breath, irregular pulse.
- signs or symptoms of a stroke: collapse, numbness or weakness of the arms and the legs, headache, dizziness and confusion, visual disturbance, difficulty swallowing, slurred speech and loss of speech

**Tell your doctor if you notice any of the following and they worry you:**

- irregular vagina bleeding or spotting (if bleeding is heavy, check with

your doctor as soon as possible).

Some people may have some irregular bleeding or spotting during the first few months of treatment.

The bleeding usually becomes lighter and less frequent over time, and eventually stops. If you have heavy bleeding or continue to have bleeding or spotting after a few months of treatment, tell your doctor so that the treatment can be re-evaluated if necessary.

- tender, painful or swollen breasts
- period-like pain
- redness, irritation or itching under the patch (signs of application site reaction includes bleeding, bruising, burning, discomfort, dryness, skin boils, edema, erythema, inflammation, irritation, pain, tiny solid skin bumps, rash, skin discolouration, skin pigmentation, swelling, hives, and blisters)
- itching or inflammation of the vagina or discharge of vaginal fluid
- swelling of the lower legs, ankles, fingers or abdomen due to fluid retention
- nausea (feeling sick), vomiting, abdominal cramps, bloating
- headache, migraine
- dizziness
- depression
- eye irritation when wearing contact lenses
- uncontrollable jerky movements
- changes in weight
- spotty darkening of the skin, especially on the face
- changes in hair growth (either hair loss or excessive hairiness)
- increase or decrease in sex drive

**Tell your doctor if you notice anything else that is making you feel unwell.**

Some people may have other side effects not yet known or mentioned in this leaflet. Some side effects (e.g. increase in blood sugar level) can only be found when laboratory tests are done.

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## After using Estradiol transdermal system

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### **Storage**

- Keep your medicine in the original container until it is time to use it.
- Store it in a cool dry place.
- Protect from light
- Do not store Estradiol transdermal system or any other medicine in the bathroom or near a sink.
- Do not leave it in the car or on window sills.

### **Keep the patches where young children cannot reach them.**

A locked cupboard at least one-and-a-half metres above the ground is a good place to store medicines.

### **Disposal**

**Fold used patches in half with the sticky side inwards. Dispose of them where children cannot reach them.** Used patches still contain some estradiol which could harm a child.

**If your doctor tells you to stop using this medicine or the expiry date has passed, ask your pharmacist what to do with any patches that are left over.**

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## Product description

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### **What it looks like**

Estradiol transdermal system patches come in four strengths: 37.5, 50, 75 and 100. They are rectangular patches with rounded corners. Each carton contains 8 patches (enough for 4 weeks of treatment). Not all strengths may be available.

### **Ingredients**

Estradiol transdermal system patches release approximately 37.5, 50, 75 or 100 micrograms (equivalent to 0.0375, 0.05, 0.075 or 0.1 milligrams) estradiol in 24 hours.

The following inactive ingredients are also used to make the patch:

- silicone adhesive
- acrylic adhesive
- dipropylene glycol
- povidone
- oleyl alcohol
- Dow BLF 2050 non-removable backing layer
- Scotchpak 1022 removable release liner

### **Sponsor**

Estradiol transdermal system is supplied in New Zealand by:

Sandoz New Zealand Limited  
12 Madden Street  
Auckland 1010  
New Zealand

Tel: 0800 726 369

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