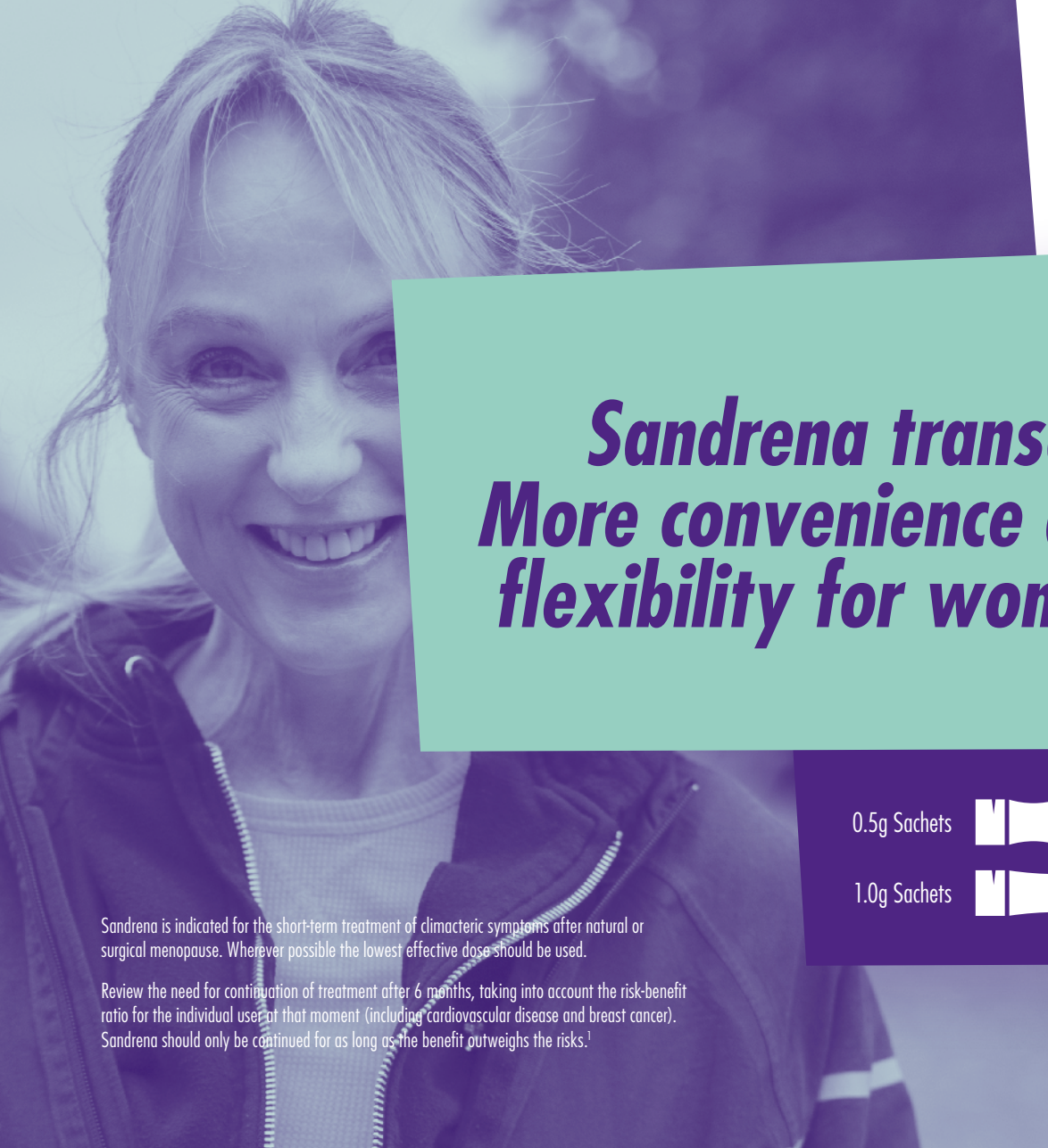


Sandrena®
estradiol gel

Sandrena transdermal gel. More convenience and more dose flexibility for women on the go.

0.5g Sachets

1.0g Sachets

PBS Listed

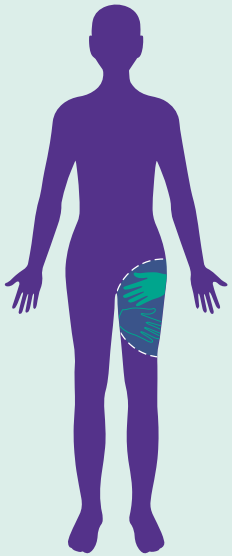
Sandrena is indicated for the short-term treatment of climacteric symptoms after natural or surgical menopause. Wherever possible the lowest effective dose should be used.

Review the need for continuation of treatment after 6 months, taking into account the risk-benefit ratio for the individual user at that moment (including cardiovascular disease and breast cancer). Sandrena should only be continued for as long as the benefit outweighs the risks.[1]

Low volume gel with a small surface application area[1,2]

Sandrena gel contains 1mg estradiol per gram[1]

Sandrena (estradiol 0.1% w/w gel) is available in convenient 0.5g and 1.0g individual dose sachets.



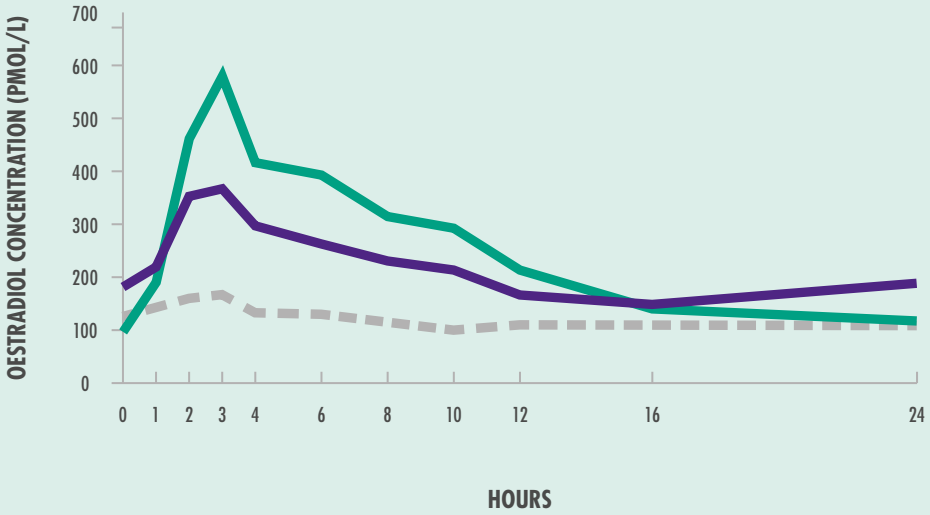
Each sachet is applied once-daily to the skin on the lower trunk or thigh[1]

Recommended application area is 1–2 times the size of the hand (200–400 cm^2) for all doses (0.5g, 1.0g and 1.5g)

After application the gel should be allowed to dry for a few minutes and not be washed for one hour[1]

Low volume gel with a small surface application area[1,2]

Recommended application area (200–400cm^2) ensures optimal estradiol absorption[2]



Larger application areas result in lower serum estradiol concentrations. Comparison of serum estradiol concentrations according to size of application area (200cm^2, 400cm^2, or an area as large as possible). Measured in 16 postmenopausal women after treatment with 1mg oestradiol daily as transdermal gel for 14 days. The application site was washed 30 min after dosing.

Now it's easier to tailor Sandrena® for your patients

Simpler to use with three available doses for individual titration

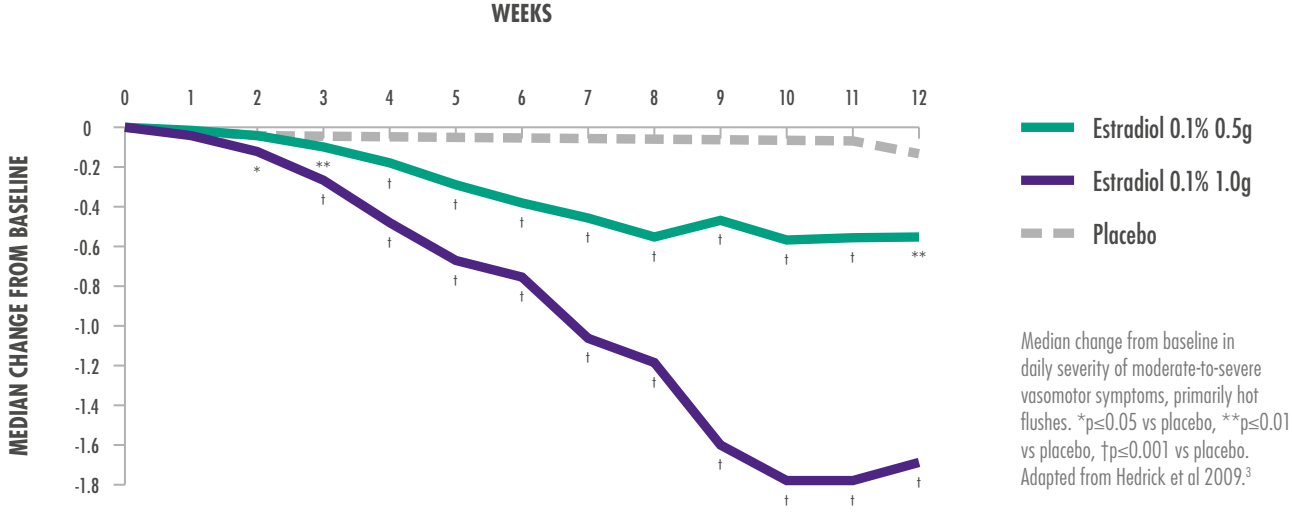
- Now available in 0.5g and 1.0g sachets for accurate dose modification across the three TGA-approved doses: 0.5g, 1.0g and 1.5g
- Flexibility to combine with your preferred form of progestagen for non-hysterectomised women[1]
- Offers convenient, flexible and body-identical treatment of menopausal symptoms[1]

Now it's easier to tailor Sandrena® for your patients

LOWER DOSE	STARTING DOSE	HIGHER DOSE
0.5g	1.0g	1.5g
		
		
Rx PBS	Rx PBS	Rx PBS
Recommended lower dose.	Recommended starting dose and most common maintenance dose.	Recommended higher dose.

Sandrena® can significantly reduce menopausal symptoms[3–6]

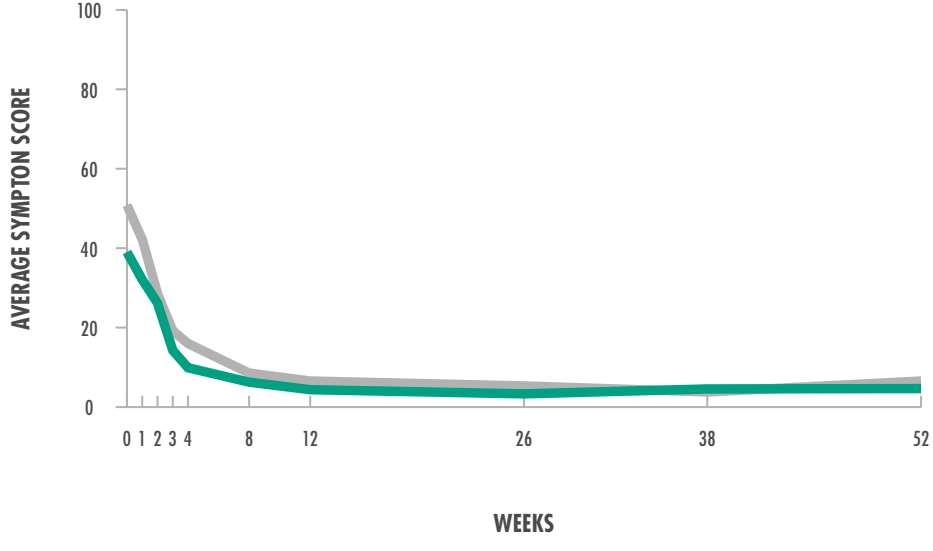
Reduces severity of vasomotor symptoms as early as week 2[3]



Median change from baseline in daily severity of moderate-to-severe vasomotor symptoms, primarily hot flushes. *p≤0.05 vs placebo, **p≤0.01 vs placebo, †p≤0.001 vs placebo. Adapted from Hedrick et al 2009.[3]

Sandrena® can significantly reduce menopausal symptoms[3–6]

1.0g gel and 50µg patch* are equally effective against symptoms[5]



Average symptom scores (visual analogue scale) by week of treatment. *4.0mg patch delivering 50µg estradiol daily. Symptom reductions were statistically significant vs baseline in both groups from week one. Adapted from Hirvonen et al 1997.[5]

Sandrena® transdermal gel. For women who can't put life on pause.[1]

SUMMARY:

- Offers convenient, flexible and body-identical treatment of menopause symptoms[1]
- Available in 0.5g and 1.0g sachets for individual dose modification
- Significantly improves vasomotor symptoms and other signs and symptoms of menopause[3–6]
- Is highly acceptable for women with low rates of application-site irritation[4,5]
- Is generally well tolerated – adverse events are usually mild and seldom lead to discontinuation of treatment[1]

1.0g and 0.5g sachets provide dose flexibility[1]

Both are PBS listed

For patients with an intact uterus, you can combine Sandrena with any progestogen to oppose estrogen-stimulated hyperplasia of the endometrium.[1]

	LOWER DOSE	MEDIUM DOSE	HIGHER DOSE
Sandrena® Gel (estradiol 0.1% w/w gel)	1x 0.5g sachet =0.5mg estradiol	1x 1.0g sachet =1.0mg estradiol	1x 0.5g sachet + 1x 1.0g sachet =1.5mg estradiol

PBS Information: Sandrena 1.0g and 0.5g sachets –
General Benefit for short-term treatment of oestrogen deficiency.

Please review the Product Information before prescribing, available on request from Orion Pharma or by scanning the QR code.

Minimum Product Information: Sandrena® (estradiol) 0.1% gel. **Indications:** Short-term treatment of climacteric symptoms after natural or surgical menopause. **Contraindications:** Undiagnosed vaginal bleeding; cerebrovascular disorders; active or recent thromboembolic diseases or thrombophlebitis; severe hepatic disease (including Dubin Johnson and Rotors' syndrome); malignancy of the genitals or breasts; pregnancy; non hysterectomised women without concomitant progestagen; hypersensitivity. **Precautions:** Use for the shortest duration consistent with treatment goals. The need for continued treatment should be reviewed after 6 months. Do not use in combination with a progestagen in hysterectomised women. Use with caution in patients with coronary artery disease, endometriosis and endometrial hyperplasia, family history of breast cancer, fibrocystic disease of the breast, heart failure, renal dysfunction. Increased risk of developing VTE, ovarian and breast cancer. Pregnancy (category B1); not for use in lactation (see full PI). **Interactions:** Oestrogens may reduce the effectiveness of antihypertensives, anticoagulants and antidiabetics. Potent inducers of hepatic enzymes, including barbiturates, carbamazepine, meprobamate, phenylbutazone, griseofulvin and rifampin may reduce the effects of oestrogens. **Adverse Effects:** Skin irritation; headache; dizziness; gastrointestinal symptoms; oedema; menopause symptoms; mastalgia; fatigue (see full PI). **Dosage and Administration:** Use cyclically or continuously at individually adjusted doses of 0.5 g to 1.5 g per day, corresponding to 0.5 to 1.5 mg oestradiol per day. Usual starting dose is 1 mg oestradiol applied once daily to the skin of the lower trunk or thigh. Dose can be adjusted after 2 to 3 cycles. Yearly medical examination particularly of the breasts and pelvic areas is advisable. For patients with in tact uteri it is recommended to combine Sandrena treatment with cyclic progestin. Refer to full PI (last amended 6 December 2023).

References: 1. Sandrena® Product Information, 24 February 2025. **2**. Järvinen A, Granander M, Nykänen S *et al. Br J Obstet Gynaecol* 1997; 104(Suppl. 16): 14–18. **3**. Hedrick RE, Ackerman RT, Koltun WD *et al. Menopause* 2009; 16(1): 132–140. **4**. Hirvonen E, Crona N, Wahlström T, Bäckström A-C. *Climacteric* 2000; 3: 262–270. **5**. Hirvonen E, Cacciatore B, Wahlström T *et al. Br J Obstet Gynaecol* 1997; 104(Suppl. 16): 26–31. **6**. Hirvonen E, Lamberg-Allardt C, Lankinen KS *et al. Br J Obstet Gynaecol* 1997; 104(Suppl. 16): 19–25.

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Building well-being