

THE WOMAN WHO WANTS BIO-IDENTICAL THERAPY

FOR THE TREATMENT OF MODERATE TO SEVERE VASOMOTOR SYMPTOMS (HOT FLASHES) DUE TO MENOPAUSE IN WOMEN WITH A UTERUS


Bijuva[®] 1mg/100mg
(estradiol and progesterone) capsules

CHOOSE BIJUVA: 2 BIO-IDENTICAL* HORMONES PRECISELY COMBINED^{1,2}



FIRST OF ITS KIND

BIJUVA is the only FDA-approved, BIO-IDENTICAL* combination of estradiol and micronized progesterone in a single capsule^{1,2}

*Bio-identical hormones are structurally identical to the hormones produced within a woman's body. The relevance of risks associated with the use of synthetic hormones compared with bio-identical hormones is not known but cannot be excluded.



DEMONSTRATED EFFICACY

BIJUVA provided a sustained steady state of estradiol that reduced the frequency and severity of hot flashes^{1,3†}

†Efficacy was evaluated in a 12-week substudy. The pharmacokinetics of BIJUVA show a steady state of estradiol that is sustained over 24 hours. The steady state is achieved at 7 days.¹



COMPREHENSIVE SAFETY PROFILE

In a 1-year clinical study, BIJUVA demonstrated endometrial safety with no clinically meaningful changes in coagulation or lipid parameters, weight, blood pressure, or mammograms, and no cardiovascular events were seen following treatment³⁻⁶

See risks for cardiovascular disorders, breast cancer, and endometrial cancer in BOXED WARNING below.



“I WANT A TREATMENT THAT IS SIMILAR TO MY OWN HORMONES.”

— SUSAN, AGE 50

Not an actual patient.

IMPORTANT SAFETY INFORMATION

WARNING: CARDIOVASCULAR DISORDERS, BREAST CANCER, ENDOMETRIAL CANCER, AND PROBABLE DEMENTIA

See full prescribing information for complete boxed warning.

Estrogen Plus Progestin Therapy

- Estrogen plus progestin therapy should not be used for the prevention of cardiovascular disease or dementia
- The Women's Health Initiative (WHI) estrogen plus progestin substudy reported increased risks of stroke, deep vein thrombosis (DVT), pulmonary embolism (PE), and myocardial infarction (MI)
- The WHI estrogen plus progestin substudy reported increased risks of invasive breast cancer
- The WHI Memory Study (WHIMS) estrogen plus progestin ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age or older

Estrogen-Alone Therapy

- There is an increased risk of endometrial cancer in a woman with a uterus who uses unopposed estrogens
- Estrogen-alone therapy should not be used for the prevention of cardiovascular disease or dementia
- The WHI estrogen-alone substudy reported increased risks of stroke and DVT
- The WHIMS estrogen-alone ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age or older

Please see additional Important Safety Information on the next page. Please [click here](#) for Full Prescribing Information, Including BOXED WARNING, or visit [BIJUVAHCP.com](#)

BIJUVA IS AN ORAL COMBINATION OF ESTRADIOL AND MICRONIZED PROGESTERONE^{1,2}



ONE PRESCRIPTION

BIJUVA combines 2 bio-identical hormones in 1 capsule—with just 1 prescription^{1,2}



ONE CAPSULE

BIJUVA is a once-daily oral capsule—taken each evening with food—that fits easily into her daily routine and may improve compliance^{1,3,9,10}



ONE AFFORDABLE TREATMENT

Patients pay as little as \$35*

*Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs (including any state pharmaceutical assistance programs). Please see Program Terms, Conditions, and Eligibility Criteria at savings.bijuva.com.

IMPORTANT SAFETY INFORMATION (CONT'D)

CONTRAINDICATIONS

- BIJUVA (estradiol and progesterone) is contraindicated in women with any of the following conditions: undiagnosed abnormal genital bleeding; known, suspected, or history of cancer of the breast; known or suspected estrogen-dependent neoplasia; active DVT, PE, or history of these conditions; active arterial thromboembolic disease (for example, stroke, MI), or a history of these conditions; known anaphylactic reaction, angioedema, or hypersensitivity to BIJUVA or any of its ingredients; known liver impairment or disease; known protein C, protein S, or antithrombin deficiency, or other known thrombophilic disorders.

WARNINGS AND PRECAUTIONS

- An increased risk of PE, DVT, stroke, and MI has been reported with estrogen plus progestin therapy. Should these occur or be suspected, therapy should be discontinued immediately. Risk factors for arterial vascular disease and/or venous thromboembolism (VTE) should be managed appropriately.
- The WHI substudy of daily estrogen plus progestin after a mean follow-up of 5.6 years reported an increased risk of invasive breast cancer. Observational studies have also reported an increased risk of breast cancer for estrogen plus progestin therapy after several years of use. The risk increased with duration of use and appeared to return to baseline over about 5 years after stopping treatment (only the observational studies have substantial data on risk after stopping). The use of estrogen plus progestin therapy has been reported to result in an increase in abnormal mammograms requiring further evaluation.
- Endometrial hyperplasia (a possible precursor to endometrial cancer) has been reported to occur at a rate of approximately less than one percent with BIJUVA. Clinical surveillance of all women using estrogen plus progestin therapy is important.

Adequate diagnostic measures should be undertaken to rule out malignancy in postmenopausal women with undiagnosed persistent or recurring abnormal genital bleeding.

- The WHI estrogen plus progestin substudy reported a statistically non-significant increased risk of ovarian cancer. A meta-analysis of 17 prospective and 35 retrospective epidemiology studies found that women who used hormonal therapy for menopausal symptoms had an increased risk for ovarian cancer. The exact duration of hormone therapy use associated with an increased risk of ovarian cancer, however, is unknown.
- In the WHIMS ancillary studies of postmenopausal women 65 to 79 years of age, there was an increased risk of developing probable dementia in women receiving estrogen plus progestin when compared to placebo. It is unknown whether these findings apply to younger postmenopausal women.
- Estrogens increase the risk of gallbladder disease.
- Discontinue estrogen if severe hypercalcemia, loss of vision, severe hypertriglyceridemia, or cholestatic jaundice occurs.
- Monitor thyroid function in women on thyroid replacement hormone therapy.

ADVERSE REACTIONS

The most common adverse reactions ($\geq 3\%$) with BIJUVA were breast tenderness (10.4%), headache (3.4%), vaginal bleeding (3.4%), vaginal discharge (3.4%) and pelvic pain (3.1%).

INDICATION

BIJUVA (estradiol and progesterone) is a combination of estradiol and progesterone indicated in a woman with a uterus for the treatment of moderate to severe vasomotor symptoms due to menopause.

Please note this information is not comprehensive. Please [click here](#) for Full Prescribing Information, including **BOXED WARNING, or visit [BIJUVAHCP.com](#)**

References: **1.** BIJUVA [package insert]. Boca Raton, FL: TherapeuticsMD, Inc; 2019. **2.** Lobo RA, Liu J, Stanczyk FZ, et al. Estradiol and progesterone bioavailability for moderate to severe vasomotor symptom treatment and endometrial protection with the continuous-combined regimen of TX-001HR (oral estradiol and progesterone capsules). *Menopause*. 2019;26(7):720-727. **3.** Lobo RA, Archer DF, Kagan R, et al. A 17 β -estradiol-progesterone oral capsule for vasomotor symptoms in postmenopausal women. *Obstet Gynecol*. 2018;132(1):161-170. **4.** Lobo RA, Kaunitz AM, Santoro N, Bernick B, Graham S, Mirkin S. Metabolic and cardiovascular effects of TX-001HR in menopausal women with vasomotor symptoms. *Climacteric*. 2019;31:1-7. **5.** Archer DF, Pickar JH, Graham S, et al. Incidence of abnormal mammograms with oral, combined 17 β -estradiol and progesterone capsule. *Endocrine Reviews*, Volume 39, Issue 2 Supplement, April 2018. **6.** Archer DF, Pickar JH, Graham S, Constantine G, Mirkin S. Effects of Single-Capsule 17 β -Estradiol/Progesterone (TX-001HR) on Weight and Blood Pressure in Menopausal Women of the REPLENISH Trial. *Menopause* Volume 25, Issue 12, 2018. **7.** Mirkin S, Amadio JM, Bernick BA, Pickar JH, Archer DF. 17 β -Estradiol and natural progesterone for menopausal hormone therapy: REPLENISH phase 3 study design of a combination capsule and evidence review. *Maturitas*. 2015;81(1):28-35. **8.** Pickar JH, Bon C, Amadio JM, Mirkin S, Bernick BA. Pharmacokinetics of the first combination 17 β -estradiol/progesterone capsule in clinical development for menopausal hormone therapy. *Menopause*. 2015;22(12):1308-1316. **9.** Sutton SS, Hardin JW, Bramley TJ, D'Souza AO, Bennett CL. Single-versus multiple tablet HIV regimens: adherence and hospitalization risks. *Am J Manag Care*. 2016;22(4):242-248. **10.** Coca A, Agabiti-Rosei E, Cifkova R, Manolis AJ, Redón J, Mancia G. The polypill in cardiovascular prevention: evidence, limitations and perspective - position paper of the European Society of Hypertension. *J Hypertens*. 2017;35(8):1546-1553.