ESTRAMON® 25 µg/24 hours Transdermal Patch

Estradiol

Read the entire package leaflet carefully before you start using this medicine, because it contains important information.

- Keep the package leaflet. You may want to read it again later.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you personally. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If you notice any side effects, contact your doctor or pharmacist. This also applies to side effects not listed in this package leaflet. See section 4

What is in this package leaflet

1 What is ESTRAMON 25 and What is it used for?

ESTRAMON 25 is a preparation for hormone replacement therapy (HRT). It contains the female sex hormone estrogen. ESTRAMON 25 is used in women after menopause, whose last menstrual period (menopause) was at least 12 months ago. ESTRAMON 25 is used for:

Relief of symptoms after menopause

During menopause, the body's production of estrogen decreases. This can cause symptoms such as hot flashes in the face, neck, and chest area (so-called hot flashes). ESTRAMON 25 alleviates these symptoms occurring after menopause. ESTRAMON 25 will only be prescribed to you if your symptoms significantly affect your daily life. There is limited experience in treating women over 65 years.
the symptoms. ESTRAMON 25 will be given to you What should you know before

using ESTRAMON

2 What should you do before the Use of ESTRAMON 25 consider?

Medical history and regular check-ups Hormone replacement therapy is associated with risks that must be considered before deciding to start or continue the treatment.
Experience in treating women with premature menopause (due to ovarian failure or surgical removal of the ovaries) is limited. If you have premature menopause, the risks of hormone replacement therapy may differ from those of other women. Please consult your doctor about this.

Before you start (or resume) hormone replacement therapy, your doctor will record your own medical history and that of your family. Your doctor will decide on the necessity of a physical examination. This may include, if necessary, an examination of the breasts and/or a pelvic examination.

After you have started hormone replacement therapy, you should see your doctor regularly (at least once a year) for check-ups. During these examinations, please discuss with your doctor the benefits and risks associated with continuing the treatment with ESTRAMON 25.

Please go regularly, as recommended by your doctor, for breast screening.
breasts.

ESTRAMON 25 must not be used if the following points apply to you. If you are unsure whether this is the case, please talk to your doctor before using ESTRAMON 25. You must not use ESTRAMON 25 if

- you have or have had breast cancer or if there is a suspicion of it you suffer from a form of cancer whose
- growth is dependent on estrogens, e.g., cancer of the uterine lining (endometrium) or if there is a suspicion of it e.g. cancer of the uterine lining (endometrium) or a corresponding suspicion consists
- an untreated excessive thickening
- of the uterine lining (endometrial hyperplasia) is present a blood clot forms in a vein
- in you (Thrombosis) has formed or once before
- had formed, e.g., in the legs (deep vein thrombosis) or in the lungs (pulmonary embolism)
- You suffer from a blood clotting disorder (e.g., protein C, protein S, or antithrombin deficiency)
- You have or once had a disease caused by blood clots in the arteries, e.g., heart attack, stroke, or sudden chest pain with tightness (angina pectoris)
- You have or once had a liver disease and your liver function values
- have not yet normalized
- You suffer from a rare, hereditary blood disorder called porphyria
- You are allergic (hypersensitive) to estradiol, soy, peanut, or any of the
- other ingredients of this medicine listed in section 6.

If any of the above-mentioned diseases occur for the first time during the use of ESTRAMON 25, please stop the treatment immediately and consult your doctor without delay on.

Warnings and precautions Talk to your doctor if you have ever
suffered from any of the health problems listed below, as
these may recur or worsen during treatment with ESTRAMON 25. In this case, you should visit your doctor more frequently for check-ups: benign tumors in the uterus

- (Myomas) (Fibroids)
- of the uterine lining (Endometrium of the uterine lining (endometrium-hyperplasia)
- [Thromboses]") increased risk of estrogen-dependent cancer
- (e.g., if your mother, sister, or grandmother had breast cancer) high blood pressure
- liver diseases, e.g., a benign liver tumor

- diabetes
- Diabetes
- Gallstones
- Migraine or severe headaches
- Disease of the immune system that affects many organ functions of the body (systemic lupus erythematosus [SLE])
- Epilepsy
- Asthma
- Disease affecting the eardrum and hearing (otosclerosis)
- Very high blood lipid levels (triglycerides)
- Fluid retention due to heart or kidney diseases
- Congenital (hereditary) or acquired Angioedema

You must stop treatment immediately and consult a doctor if any of the following diseases or situations occur during hormone replacement therapy:

- Diseases mentioned in the section "ESTRAMON 25 must not be used"
- Yellowing of your skin or the whites of your eyes (jaundice). This may indicate liver disease.
- Swelling of the face, tongue and/or throat and/or difficulty swallowing, or hives associated with breathing problems, indicating angioedema.
- Significant increase in your blood pressure (symptoms may include headaches, fatigue, and dizziness)
- Migraine-like headaches occurring for the first time
- If you become pregnant
- If you notice signs of blood clots, such as

- painful swelling and redness of the legs
- sudden chest pain
- shortness of breath

For more information, see "Venous blood clots (thrombosis)".

Note: ESTRAMON 25 is not a contraceptive. If less than 12 months have passed since your last menstrual period or if you are under 50 years old, additional contraceptive methods may be necessary. Consult your doctor for advice.

Hormone replacement therapy and cancer

Excessive thickening of the uterine lining (endometrial hyperplasia) and cancer of the uterine lining (endometrial carcinoma)

During estrogen-only therapy, the risk of excessive thickening of the uterine lining (endometrial hyperplasia) and cancer of the uterine lining (endometrial carcinoma) increases.

Taking a progestogen in addition to estrogen for at least 12 days per 28-day cycle protects you from this additional risk. Therefore, if you still have your uterus, your doctor will prescribe an additional progestogen. If your uterus has been removed (hysterectomy), discuss with your doctor whether you can use ESTRAMON 25 safely without additional progestogen.

On average, 5 out of 1,000 women who still have a uterus and do not use hormone replacement therapy are diagnosed with cancer of the uterine lining between the ages of 50 and 65. In contrast, among women who still have a uterus and use hormone replacement therapy with estrogen only, between the ages of 50 and 65, depending on the dose and duration of treatment, 10 to 60 cases of cancer of the uterine lining per 1,000 women are diagnosed (i.e., between 5 and 55 additional cases).

Unexpected bleeding

During the use of ESTRAMON 25, a monthly bleeding will occur (so-called withdrawal bleeding). However, if unexpected bleeding or spotting occurs outside your menstrual period, which

- persists beyond the first 6 months of treatment
- starts after you have been using ESTRAMON 25 for more than 6 months
- persists after stopping the treatment,

please see your doctor as soon as possible.

Breast cancer

The available data show that the use of hormone replacement therapy (HRT) with a combination of estrogen and progestogen or estrogen alone for HRT increases the risk of breast cancer. The additional risk depends on the duration of HRT and becomes apparent within 3 years of use. After stopping HRT, the additional risk decreases over time, but the risk may persist for 10 years or more if you have used HRT for more than 5 years.

For comparison

In women aged 50 to 54 years who do not use HRT, an average of 13 to 17 breast cancer cases per 1,000 women are diagnosed over a 5-year period.

In women aged 50 years who start taking HRT with estrogen only for a period of 5 years, 16 to 17 cases occur per 1,000 users (i.e., 0 to 3 additional cases).

In women aged 50 years who start taking HRT with estrogen and progestogen for a period of 5 years, 21 cases occur per 1,000 users (i.e., 4 to 8 additional cases).

In women aged between 50 and 59 years who do not use HRT, an average of about 27 cases of breast cancer per 1,000 women are diagnosed over a 10-year period.

In women aged 50 years who start taking HRT with estrogen only for a period of 10 years, 34 cases occur per 1,000 users (i.e., 7 additional cases).

In women aged 50 years who start taking HRT with estrogen and progestogen for a period of 10 years, 48 cases occur per 1,000 users (i.e., 21 additional cases).

Examine your breasts regularly. Consult your doctor if you notice changes in your breasts, such as

- indentations (dimpling) in the skin
- changes in the nipples
- lumps that you can see or feel

If you have the opportunity to participate in the breast cancer early detection program (mammography screening program), you should take advantage of this offer. Inform the professional conducting the mammography that you are taking a hormone replacement therapy medication. Medications taken for hormone replacement therapy can make breast tissue denser and thus affect the result of the mammography. If the density of the breast tissue is increased, not all changes may be detected.

Ovarian cancer
Ovarian cancer is rare - much rarer than breast cancer. The use of estrogen-only medications or combined estrogen-progestogen medications for hormone replacement therapy is associated with a slightly increased risk of developing ovarian cancer. The risk of developing ovarian cancer changes with age. In women aged between 50 and 54 years who do not use hormone replacement therapy, about 2 cases of ovarian cancer per 2,000 women are diagnosed over a 5-year period. In women who use hormone replacement therapy for 5 years, about 3 cases occur per 2,000 users (i.e., about 1 additional case).

Cardiovascular effects of hormone replacement therapy

Venous blood clots (thrombosis)

The risk of forming blood clots in the veins (thrombosis) is increased by about 1.3 to 3 times in women who use hormone replacement therapy compared to non-users. An increased risk is particularly present during the first year of use.

Blood clots can have serious consequences. If a blood clot travels to the lungs, it can cause chest tightness, shortness of breath, or fainting, or even lead to death.

You have a higher likelihood of forming a blood clot as you age and if the following conditions apply to you. Please talk to your doctor if any of the following situations apply to you:

- if you are unable to walk for a long time due to major surgery, injury, or illness (see also section 3 under "If you are planning an operation")
- if you are severely overweight (BMI>30 kg/m2)
- if you suffer from a clotting disorder that requires long-term medication to prevent blood clots
- if a close relative has ever had a blood clot in the leg, lung, or another organ
- if you suffer from systemic lupus erythematosus (SLE)
- if you have cancer.

For signs of blood clots, see “You must stop treatment immediately and consult a doctor.”

For comparison

Considering women in their 50s who do not use hormone replacement therapy, an average of 4 to 7 out of 1,000 women are expected to have a venous blood clot over a 5-year period.

In women in their 50s who have used hormone replacement therapy with estrogen and progestogen for 5 years, 9 to 12 cases of thrombosis occur per 1,000 users (i.e., 5 additional cases).

In women in their 50s who have had their uterus removed and have used hormone replacement therapy with estrogen only for 5 years, 5 to 8 cases of thrombosis occur per 1,000 users (i.e., 1 additional case).

Heart disease (heart attack)

There is no evidence that hormone replacement therapy prevents heart attacks.

In women over 60 years old who use combined hormone replacement therapy with estrogen and progestogen, there is a slightly increased likelihood of developing heart disease compared to women who do not use hormone replacement therapy. The risk of developing heart disease is not increased in women who have had their uterus removed and use estrogen only.

The risk of developing heart disease is not increased in women whose uterus has been removed and who use only estrogens.

Stroke

The risk of stroke is approximately 1.5 times higher in users of hormone replacement therapy compared to non-users. The number of additional strokes occurring as a result of hormone replacement therapy increases with age.

For comparison

Considering women in their 50s who do not use hormone replacement therapy, over a 5-year period, 8 strokes per 1,000 women are expected. For women in their 50s who use hormone replacement therapy, there are 11 cases per 1,000 users (i.e., 3 additional cases).

Other diseases

- Hormone replacement therapy does not prevent memory disorders. There is some evidence of an increased risk of memory disorders in women who were older than 65 years at the start of hormone replacement therapy. Consult your doctor for advice on this.
- Patients with impaired kidney or heart function:
- Estrogens can cause fluid retention in the body; therefore, if you have heart or kidney dysfunction, you should be carefully monitored. If you suffer from severe kidney

dysfunction, you should be closely monitored because an increase in circulating estrogens in the blood is expected.
- Patients with a specific lipid metabolism disorder (hypertriglyceridemia):
- If you have elevated blood lipid levels (triglycerides), your blood lipid levels should be closely monitored during treatment with ESTRAMON 25, as there have been rare reports of a significant increase in blood triglycerides associated with estrogen therapy, leading to subsequent inflammation of the pancreas.
- It is known that contact sensitization can occur with all applications on the skin. Although extremely rare, this can lead to severe allergic reactions if you continue to use the medication.

Use in children

ESTRAMON 25 must not be used in children.

Use of ESTRAMON 25 with other medications

Certain medications can affect the efficacy of ESTRAMON 25. This can lead to irregular bleeding. These include the following medications:

- Medications for epilepsy, such as those containing phenobarbital, phenytoin, or carbamazepine
- Medications for tuberculosis, such as those containing rifampicin or rifabutin
- Certain medications for the treatment of HIV infections, such as those containing nevirapine, efavirenz, ritonavir, or nelfinavir
- Herbal medicines containing St. John's Wort (Hypericum perforatum)
- Other medications for the treatment of infections, such as those containing ketoconazole or erythromycin.

Hormone replacement therapy can affect the way other medications work:

- Medications for epilepsy (lamotrigine), as this can lead to an increase in the frequency of seizures.
- The combination treatment ombitasvir/paritaprevir/ritonavir with or without dasabuvir and also the treatment glecaprevir/pibrentasvir against the hepatitis C virus (HCV) can cause elevated liver values in blood tests (increase in liver enzyme ALT) in women using CHC containing ethinylestradiol. ESTRAMON 25 contains estradiol instead of ethinylestradiol. It is not known whether an increase in liver enzyme ALT can occur when using ESTRAMON 25 with this combination treatment against HCV.

Inform your doctor or pharmacist if you are taking/using other medications, have recently taken/used other medications,or intend to take/use other medications, even if they are non-prescription medications, herbal preparations, or natural remedies. Your doctor will be happy to advise you.turn to, even if they are non-prescription drugs, herbal preparations, or natural remedies. Your doctor will be happy to advise you.

Laboratory tests

If you require a blood test, inform your doctor or the laboratory staff that you are using ESTRAMON 25, as this medication can affect the results of some laboratory tests.

Pregnancy and breastfeeding
Pregnancy
The use of ESTRAMON 25 is intended only for women after menopause. If you become pregnant, stop using ESTRAMON 25 and consult your doctor.

Breastfeeding
You must not use ESTRAMON 25 during breastfeeding.

Driving and using machines
ESTRAMON 25 has no or negligible influence on the ability to drive and use machines.

3 How to use ESTRAMON 25?

Always use this medicine exactly as agreed with your doctor. Check with your doctor or pharmacist if you are not sure.

Your doctor will try to prescribe the lowest dose necessary to treat your symptoms for the shortest possible time. Please talk to your doctor if you feel that the effect of ESTRAMON 25 is too strong or too weak.

How should you use ESTRAMON 25?

ESTRAMON 25 can be used continuously (without a break) or cyclically (21 days of use followed by 7 days of break). In women with a uterus, treatment with ESTRAMON 25 must be combined with a corresponding (doctor-prescribed) dose of a progestogen for at least 12–14 days of a 28-day cycle (see also section 2).

In women whose uterus has been removed, the addition of a progestogen is not recommended, except in cases where signs of endometrial tissue outside the uterus (endometriosis) have been diagnosed (see also section 2).

Continuous use of ESTRAMON 25 can be carried out in women after the removal of the uterus or if estrogen deficiency symptoms or spotting occur during the treatment-free period.

During the first months of treatment, irregular bleeding or spotting may occur. If these bleedings persist beyond the first months of treatment, stop using ESTRAMON 25 and contact your doctor (see section 2 'Unexpected bleeding').

Method of administration

For transdermal use (to be applied to the skin)

An ESTRAMON 25 patch is applied twice weekly, i.e., the used patch is replaced with a new one at intervals of 3 or 4 days.

The site where the transdermal patch is applied should be changed with each new transdermal patch. The most suitable areas for applying the patch are skin areas below the waist where the skin has few folds. ESTRAMON 25 must not be applied on or near the breasts! The chosen skin site must be clean, oil-free, dry, and undamaged. The transdermal patch should be applied as soon as it is removed from the pouch. Please avoid touching the adhesive surface as much as possible.

1. The transdermal patches are individually packaged. Tear open the packaging at the notch next to a corner of the pouch immediately before use and remove the transdermal patch without damaging it.
2. The transdermal patch is carefully bent along the perforated line upwards and downwards until the release liner separates from the adhesive surface of the transdermal patch. Now pull off part of the perforated release liner from the back of the patch.
3. Apply the exposed adhesive surface to a healthy, cleaned skin area on the lower abdomen or the rear hip area.
4. Then slightly lift the other part of the transdermal patch, remove the remaining release liner, and apply the transdermal patch completely.
5. After applying, press the transdermal patch firmly with the flat hand for about 10 seconds.

You should not expose the transdermal patch directly to the sun. ESTRAMON 25 adheres well to the skin even when bathing, showering, or during physical activity.

If a patch nevertheless partially or completely detaches from the skin prematurely (before 3 or 4 days), you should replace it with a new transdermal patch.

Check whether the unsatisfactory adhesion of the patch is due to application errors. In rare cases, adhesion may be impaired by individual skin conditions.

Start of therapy

If you

• are currently not using hormone replacement therapy or have previously used estrogen - possibly together with a progestogen - without interruption, you can start treatment with ESTRAMON 25 on any day.

If you

• have previously used estrogen regularly for 21 days - together with a progestogen for the last 12-14 days - and then paused treatment for 7 days, or
• have previously used estrogen without interruption, but additionally used a progestogen for the last 12-14 days of each 28-day cycle,

you should complete the current treatment cycle before starting treatment with ESTRAMON 25.

The first day after completing the previous treatment (in continuous use) or the first day after the treatment break (in cyclic use) is a suitable time to start treatment with ESTRAMON 25.

If you have used more ESTRAMON 25 than you should

In the event of using larger amounts, you must consult a doctor.

Possible signs of overdose are nausea, vomiting, breast tenderness, and vaginal bleeding.

If signs of an overdose occur, ESTRAMON 25 should be removed. Any necessary treatment should be based on the symptoms.

If you forget to use ESTRAMON 25

Do not apply a double dose if you have forgotten the previous application.

If you have – accidentally – forgotten, to change the transdermal patch after the 3rd or 4th day, please make the change immediately. The subsequent patch change should be done on the usual day. Missed doses increase the likelihood of breakthrough or spotting bleeding. If the therapy is interrupted for a longer period, please inform your doctor.

If you stop using ESTRAMON 25

You should not interrupt or stop the treatment with ESTRAMON 25 without consulting your doctor. Upon discontinuation, you must expect withdrawal bleeding.

If you have a planned surgery

If you have a planned surgery, inform the operating doctor that you are using ESTRAMON 25. It may be necessary to stop ESTRAMON 25 4 to 6 weeks before the planned surgery to reduce the risk of thrombosis (see section 2 under 'Venous blood clots [thrombosis]'). Ask your doctor when you can resume using ESTRAMON 25.

If you have further questions about the use of this medicine, ask your doctor or pharmacist.

4 What side effects are possible?

Like all medicines, this medicine can have side effects, but they do not have to occur in everyone.

The following diseases have been reported more frequently in women using hormone replacement therapy compared to non-users:

- Breast cancer
- Excessive growth or cancer of the uterine lining (endometrial hyperplasia or cancer)
- Ovarian cancer
- Blood clots in the veins of the legs or lungs (venous thromboembolism)
- Heart disease

- Stroke
- Memory disorders (probable dementia) when hormone replacement therapy was started over the age of 65

For more information about these side effects, see section 2.

Some side effects can be serious

If one or more of the following symptoms occur, you need immediate medical attention:

- sudden chest pain
- chest pain radiating to an arm or the neck
- shortness of breath
- painful swelling and redness of the legs
- yellowish discoloration of the eyes and facial skin, darkening of the urine, skin itching (jaundice)
- unusual vaginal bleeding or spotting (breakthrough bleeding) after prolonged use of ESTRAMON 25 patches or after stopping ESTRAMON 25 treatment
- changes in the breast, especially dimpling of the skin, changes in the nipples, and lumps that you can see or feel (breast cancer)
- painful menstruation
- unclear migraine-like headaches

Do not continue using ESTRAMON 25 and seek your doctor immediately if one or more of the above symptoms occur. Please note the risks generally associated with hormone replacement therapy (see section 2 'Warnings and precautions').

Other side effects

In addition, the following side effects have been reported with the use of ESTRAMON 25:

Very common (may affect more than 1 in 10 people treated)

- headaches
- skin reactions at the application site (including skin irritation, burning, rash, dryness, bleeding, bruising, inflammation, swelling, skin pigmentation, hives, and blistering)
- breast tenderness and pain
- menstrual pain, menstrual disorders

Common (may affect up to 1 in 10 people treated)

- Depression
- Nervousness
- Mood swings
- Insomnia
- Dizziness
- Nausea

- Indigestion
- Diarrhea
- Abdominal pain
- Feeling bloated
- Feeling of fullness
- Increased appetite
- Acne
- Rash
- Dry skin
- Itching
- Back pain
- Breast enlargement
- Heavy menstrual bleeding
- thick white to yellowish vaginal discharge
- irregular vaginal bleeding
- strong uterine contractions
- vaginitis
- excessive thickening of the uterine lining (endometrial hyperplasia)
- pain
- weakness
- fluid retention (edema) in the limbs (hands and feet)
- weight changes

Occasionally (may affect up to 1 in 100 people treated)

- anxiety
- migraine
- dizziness
- visual disturbances
- dry eyes
- increase in blood pressure
- palpitations
- vomiting
- skin discoloration
- joint pain
- Muscle cramps
- Increase in specific liver enzymes

Rare (may affect up to 1 in 1,000 treated)

- Hypersensitivity
- Change in sexual desire
- Tingling or numbness in hands and feet
- Venous blood clots
- Gallstones
- Change in liver function and bile flow
- Hair loss

- Muscle weakness
- Uterine leiomyoma
- Fallopian tube cysts
- Cervical polyps
- Secretion from the mammary gland
- Allergic reactions such as rash
- Loss of appetite

Very rare (may affect up to 1 in 10,000 treated)

- Hives
- Signs of a severe allergic reaction (including difficulty breathing, swelling of the face, tongue, throat, or skin, dizziness, and hives)
- reduced carbohydrate tolerance
- involuntary movements of eyes, head, and neck
- difficulty wearing contact lenses
- severe skin changes
- excessive hair growth
- worsening of porphyria
- nosebleeds

Not known (frequency cannot be estimated from the available data)

- breast cancer
- blood clots
- pain in the extremities
- abnormal liver function values
- allergic dermatitis
- breast lumps (non-cancerous)

Soybean oil (Ph. Eur.) may cause allergic reactions.

The following side effects have been reported during the use of other hormone replacement therapy preparations:

- gallbladder diseases
- various skin disorders
  skin discolorations, especially on the face and neck, known as pregnancy spots (chloasma)
  painful, reddish skin nodules (erythema nodosum)
  Rash with disc-shaped redness or inflammation (Erythema multiforme)

Reporting of side effects

If you notice any side effects, contact your doctor or pharmacist. This also applies to side effects not listed in this leaflet. You can also report side effects directly to the

Federal Institute for Drugs and Medical Devices

Dept. of Pharmacovigilance
Kurt-Georg-Kiesinger-Allee 3
D-53175 Bonn
Website: https://www.bfarm.de

By reporting side effects, you can help provide more information on the safety of this medicine.

5 How to store ESTRAMON 25?

Keep this medicine out of the reach of children.

Do not use this medicine after the expiry date stated on the carton and sachet after 'use by' or 'exp. by'. The expiry date refers to the last day of that month.

Storage conditions

Do not store above 30 °C.

Disposal instructions

After use, fold the ESTRAMON 25 patch (adhesive side inwards).

Never dispose of medicines via wastewater (e.g., do not flush down the toilet or sink). Ask your pharmacist how to dispose of medicines you no longer use. This helps protect the environment. For more information, visit http://www.bfarm.de/arzneimittelentsorgung.

6 Contents of the pack and other information

What ESTRAMON 25 contains

The active substance is: Estradiol

1 transdermal patch with 10 cm2 contains:
2.07 mg estradiol hemihydrate, equivalent to 2 mg estradiol

Average estradiol release per day:
25 micrograms

The other ingredients are:

Matrix: Poly[(2-ethylhexyl)acrylate-co-methylacrylate-co-acrylic acid-co-(2,3-epoxypropyl)methacrylate] (62.2:32.0:5.7:0.03), RRR-alpha-tocopherol preparation (USP) (contains soybean oil [Ph.Eur.])
Backing film: Polyethylene terephthalate
Protective film: Polyethylene terephthalate, siliconized

What ESTRAMON 25 looks like and contents of the pack

ESTRAMON 25 is a transparent oval transdermal patch, consisting of a protective film (remove before use) and two functional layers: an estradiol-containing adhesive matrix layer and a backing film.

ESTRAMON 25 is available in packs of 6, 18, and 24 transdermal patches.

Not all pack sizes may be marketed.

Pharmaceutical company and manufacturer

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This package leaflet was last revised in September 2023.