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What is ESTRATEST®?

ESTRATEST® and
ESTRATEST® HS (Half
Strength) are hormone
containing therapies used (or
formerly used) to treat moderate
to severe vasomotor symptoms
– such as hot flashes or vaginal
dryness, itching, and burning -
occurring with menopause.

ESTRATEST® contains
methyltestosterone – an orally
active form of testosterone - as
well as estrogen, and so is
generally used by women who
do not find sufficient relief with
estrogen only treatments¹. It is
sometimes recommended for
women who have a reduction in
sexual desire, based on a non-
approved use of this medication
that has been documented in
clinical trials². ESTRATEST®
contains 1.25 mg of Esterified
Estrogens, USP and 2.5 mg of
Methyltestosterone, USP.

ESTRATEST® HS contains
0.625 mg of Esterified
Estrogens, USP and 1.25 mg of
Methyltestosterone, USP.

**What Happened to ESTRATEST®?
and
What are my Options for Getting More?**

If you've been using ESTRATEST® or ESTRATEST® HS for the treatment of menopausal symptoms or sexual interest it might have come as a shock that ESTRATEST® and ESTRATEST® HS have now been removed from the market. They are no longer available at any pharmacies and have, in fact, been discontinued by the manufacturer, Solvay Pharmaceuticals, Inc.

An official statement from Solvay, released March 10, 2009, explains that “While the company recognizes these products serve as an important therapeutic alternative in the treatment of vasomotor menopausal symptoms and continues to stand behind their safety and efficacy, the decision was made based upon a variety of business factors.”³

Why would Solvay remove this “approved” drug from the market?

The safety and efficacy of the “class” of compounds present in ESTRATEST® was confirmed by the National Academy of Sciences, but despite being on the market for many years, ESTRATEST® and ESTRATEST® HS had never received FDA approval for *efficacy*. Although Solvay Pharmaceuticals has not cited enforcement of FDA regulations as the reason for discontinuation of these two products, it is likely that these regulations factored into the decision.⁴

But how could Solvay have sold an “unapproved” drug?

ESTRATEST® was approved under an older FDA regulation that required only proven drug *safety*. Since then, the FDA has enacted a new regulation system – Drug Efficacy Study and Implementation (DESI) – which requires additional studies to prove drug *efficacy*. As no study has been used to prove ESTRATEST®'s efficacy, or the efficacy of other equivalent drugs, ESTRATEST® therefore falls under an unapproved drug on the FDA's DESI list.

To prove the *efficacy* of ESTRATEST®, the manufacturer would have to document that the testosterone component (see sidebar) actually contributed to that *efficacy* profile above and beyond the estrogen component of the preparation. A preliminary study to that effect was performed by Dr. Simon, and looked quite positive⁵, demonstrating that even half strength ESTRATEST® (ESTRATEST® HS) was equally, or more, effective than other full strength estrogenic treatments lacking the methyltestosterone component. However, the size and scope of this study was not adequate to satisfy the new more rigorous FDA regulations, and the drug has remained unapproved.

How about generics?

There are several “equivalent” drugs and “generic-like” medications for ESTRATEST® and ESTRATEST® HS currently available on the market. Covaryx®, produced by Centrix Pharmaceuticals, Inc., is one such brand name alternative. “Generic-like” medications under the name esterified estrogens/methyltestosterone – sometimes abbreviated to E.E.M.T. – and compounded products containing the same active ingredients are also available at most pharmacies.

It is important to note that no ESTRATEST® or ESTRATEST® HS equivalent has obtained FDA approval, and that this is causing significant trouble for generic manufacturers. The manufacturer of the ESTRATEST® generic Syntest – Medi-Hut Inc. - has had significant legal trouble following the marketing and distribution of the drug. Three major players at Medi-Hut Inc. have been convicted and sentenced for fraud and misleading the SEC. Unfortunately for patients using ESTRATEST® and ESTRATEST® HS, this means that the generic drugs are also at risk of exiting the market. For now, however, generics remain the best bet for continuing these therapies. Talk to Dr. Simon if you are concerned about a switch to generics or if you are considering an alternate form of hormone therapy.

I heard about a Class Action Lawsuit regarding ESTRATEST®, what does this mean and what is the lawsuit about?

In the case Yarrington v. Solvay Pharmaceuticals, Inc., No. 09-cv-2261 pending in the U.S. District Court of the District of Minnesota, plaintiffs have accused Solvay of misleading advertising and marketing regarding ESTRATEST® and ESTRATEST® HS by not clearly stating that the drug was not FDA approved. The litigation does not question the safety or efficacy of either drug⁶.

If you would like to learn more about this case, please visit www.EstratestSettlement.com.

Want to learn more?

If you'd like to contact Solvay directly regarding ESTRATEST® or ESTRATEST® HS and its removal from the market, Solvay has provided the following number for patients: 1-800-241-1643, option 8.

For further information about FDA drug guidelines, please visit their website at www.FDA.gov.

¹ Physician Labeling: ESTRATEST[®] and ESTRATEST[®] HS Jan 2005. Available at <http://www.solwaypharmaceuticals-us.com/products/productgroups/productdetails/0,,7527-2-0,00.htm> (08/17/09).

² Lobo RA, Rosen RC, Yang HM, Block B, Van Der Hoop RG.. Comparative effects of oral esterified estrogens with and without methyltestosterone on endocrine profiles and dimensions of sexual function in postmenopausal women with hypoactive sexual desire. *Fertil Steril* 2003; 79: 1341-1352.

³ Solvay Pharmaceuticals, Inc. to Discontinue Supplying ESTRATEST[®] Brand Tablets to U.S. Market. Press Release. March 10, 2009.

⁴ <http://www.solwaypharmaceuticals-us.com/products/productgroups/productdetails/0,,7527-2-0,00.htm> (08/17/09).

⁵ Simon J, Klaiber E, Wiita B, Bowen A, Yang HM. Differential effects of estrogen-androgen and estrogen-only therapy on vasomotor symptoms, gonadotropin secretion, and endogenous androgen bioavailability in postmenopausal women. *Menopause* 6:138-146, 1999.

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