



*Because all  
menopausal women  
are not alike...*

**CENESTIN<sup>®</sup> helps you treat them as individuals.**

**CENESTIN therapy offers distinct patient benefits...**

- **Consistent estrogen release<sup>1-3</sup>**
- **Plant-derived formulation**
- **Effective 0.45 mg low starting dose**

CENESTIN<sup>®</sup> 0.45 mg, 0.625 mg, 0.9 mg, and 1.25 mg are indicated for the treatment of moderate-to-severe vasomotor symptoms associated with menopause. CENESTIN<sup>®</sup> 0.3 mg is only indicated for the treatment of vulvar and vaginal atrophy. The most frequently reported adverse events in CENESTIN clinical trials were headache and insomnia, which occurred with similar frequency in the placebo group.

In women with intact uteri, use of estrogen without progestin may increase the risk of endometrial cancer. Women with undiagnosed abnormal genital bleeding, known or suspected breast cancer, estrogen-dependent neoplasia, active deep vein thrombosis, thromboembolic disorders, active or recent arterial thromboembolic disease, or who are pregnant should not use estrogen.

Estrogens should not be used for the prevention of cardiovascular disease or dementia. Due to increased risk of cardiovascular and thromboembolic events and invasive breast cancer, estrogen with or without progestin should be prescribed at the lowest effective dose for the shortest duration.

**Please see brief summary of prescribing information on adjacent page.**

**For more information, visit us at [www.cenestin.com](http://www.cenestin.com)**

**References:** 1. Data on file. Duramed Pharmaceuticals, Inc. 2. Stevens RE, Roy P, Phelps KV. *J Clin Pharmacol.* 2002;42:332-341. 3. Hess HM, Dowling TC, Schwartz MJ. *Today's Ther Trends.* 2003;21:85-96.

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Choose  
**Cenestin<sup>®</sup>**

(synthetic conjugated estrogens, A) Tablets

0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg

**For consistent release.**

