



ANDROFEME® 1

Rediscover your spark.
Restore your desire.



FICTIONAL PATIENT ONLY

1 in 3 women between the ages of 40–64 will experience **Hypoactive Sexual Desire Dysfunction (HSDD)** which can severely impair relationships, mental health, social functioning and overall quality of life.



**ALCHEMY
HEALTH**

Sexual Function & What is HSDD?

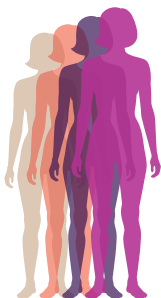
Healthy Effects of Sex

Traditionally, sex has been thought of as a function predominantly exercised for reproductive purposes. As such, the health benefits of sex, particularly in midlife+ adults, have been largely ignored as an integral part of preventative medicine. Increased sexual activity has been proven to be an important factor for the maintenance of general good health.

Populations with higher frequency of arousal and orgasms showed:

Reduced rates of

- Breast Cancer
- Obesity
- Heart Disease
- Irregular or heavy uterine bleeding + infections



Increased rates of

- Vaginal lubrication and healthy tissue elasticity
- Pain-free sex
- Control over bladder function during physical activity
- Regulated bowel movements



What is HSDD?

At midlife and beyond menopause, changes may occur in sexual motivation. HSDD is diagnosed when a woman experiences lack of motivation and/or loss of desire to initiate or participate in sexual activity for at least 6 months which causes personal distress. HSDD can result in feelings of frustration, grief, guilt, incompetence, loss, sadness, sorrow, or worry.

No motivation for sexual activity

- loss/reduction in sexual thoughts and fantasies
- foreplay does not arouse sexual feelings
- difficult to maintain desire/interest during sex

It's difficult to start or participate in sex

- avoid situations which may lead to sex
- not related to painful sex

How it impacts me

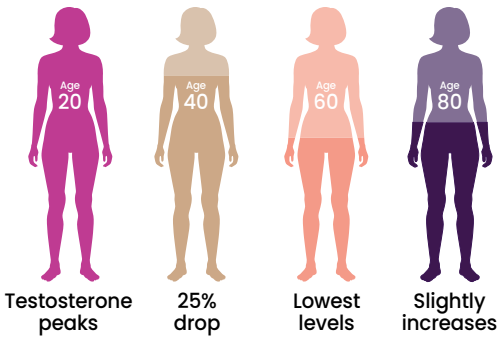
- impaired body image
- loss of self confidence
- reduced self-worth
- feel less connected to partner
- impaired quality of life

Quick Facts About Testosterone in Women

Testosterone is often thought to be a male hormone. However, it is also an important hormone in women.

On average, women have 5-10% of the amount of testosterone found in men and it is produced by the ovaries (25%), adrenal glands (25%) and other tissues throughout the body (50%).

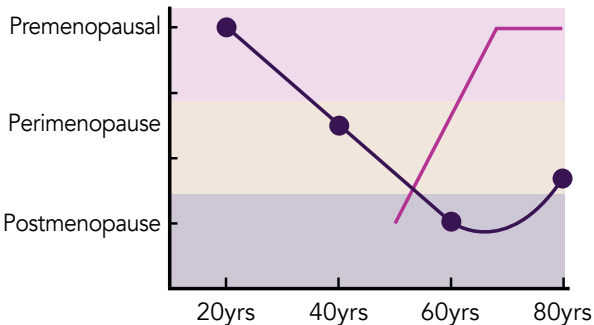
Lifespan of Testosterone in Women



In women, testosterone peaks at 20, drops 25% by 40, and reaches its lowest levels in the 60s, then rises slightly.

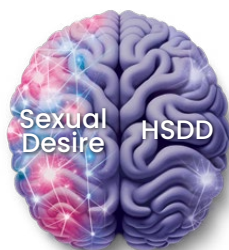
Testosterone is a key hormone involved in sexual desire, influencing libido, arousal, and orgasm by acting upon the central nervous system. This promotes sexual thoughts, desire, arousal and attentiveness to erotic cues.

Testosterone therapy uses physiological doses to restore levels similar to those in premenopausal women



AndroFeme®1 Treatment for HSDD

AndroFeme®1 is the only testosterone formulation licenced to treat HSDD for postmenopausal women. Clinical trials have shown that testosterone can help reduce sexual concerns and distress in postmenopausal women, by improving sexual desire, arousal, pleasure, orgasm and responsiveness.



Testosterone therapy in women is generally well tolerated, with side effects being rare. However, underdosing testosterone is a common issue, leading to insufficient symptom control. To counter this, it's crucial to tailor the dosage based on the therapeutic response and ensure ongoing consultations with your doctor for the best treatment results.

AndroFeme®1 Cream

AndroFeme®1 is a cream that delivers 10mg per mL of testosterone, which is identical to the type your body naturally produces. It's an easy and effective method to introduce testosterone into your system. The cream is applied to the skin, allowing the testosterone to absorb directly into your bloodstream, helping to bring your levels back to what they would be in a premenopausal woman.



How to Use AndroFeme®1

The recommended starting dose for AndroFeme®1 is 0.5mL (5mg) of cream, which can be increased to 1mL (10mg) daily. Use the provided applicator, marked in 0.25 mL increments, for precise dosing. A 6-month trial is advised to determine the correct dose and assess symptom improvement.

Apply the cream to clean, dry skin on the upper thigh or buttock, massaging until absorbed, which typically takes about 30 seconds. Wash hands and cover the area with clothing after application to prevent skin-to-skin transfer to others.



Monitoring AndroFeme®1 Use

Before initiating AndroFeme®1, your doctor will assess your baseline testosterone and SHBG levels. It's recommended to use the same lab for all tests. Follow-up tests at 3-6 weeks, 12 weeks, and 6 months will help fine-tune the dosage and monitor for side effects. During the 6-month trial, your doctor will discuss with you your self reported sexual health response, ensuring the treatment is effective and not under-dosed, which is common.

Frequently Asked Questions

What if I miss my dose at the usual time?

If you miss your dose at the usual time, apply your dose as soon as you remember and continue to apply it as you would normally.

If it is almost time for your next dose, skip the dose you missed and apply your next dose when you are meant to. Do not apply a double dose to make up for the dose you missed.

When can I go swimming or have a shower after application?

Avoid swimming or showering until at least four hours after application of AndroFeme®1 cream.

What should I do if an adult or child comes in contact with my testosterone therapy?

If an adult or child comes into contact with AndroFeme®1, thoroughly wash the area of skin exposed to the cream with soap and water immediately. Refer to full Consumer Medicine Information for further guidance on close contact.

Can I use my regular moisturiser?

Avoid application of perfume, deodorant or moisturising cream/gels on the area of application because this may interfere with absorption of AndroFeme®1.

Is AndroFeme®1 funded?

No, AndroFeme®1 is not funded and only available on a private prescription.

How long will 1 tube of AndroFeme®1 last?

A 50mL tube will provide 100 days of therapy using the recommended 0.5mL of daily starting dose.

How do I use the syringe?

Your doctor or pharmacist can show you how to use the syringe or you can watch a demonstration video on how to use the applicator on www.androfeme.nz/faqs

Are there any side effects?

AndroFeme®1 may have side effects which mostly relate to dose. Excessive therapy can result in undesirable effects such as headache, hair growth and acne, although this is not common when treatment is aimed at achieving testosterone levels in the female range.

A full list of potential side effects is included in the current Consumer Medicine Information sheet in the AndroFeme®1 box.

More information can be found in the AndroFeme®1 Consumer Medicine Information (CMI) at www.medsafe.govt.nz.

Maximising Benefits:

How to Get the Best Results from AndroFeme® Treatment Timeline & Follow-Up:

3-6 & 12-Week Check:

Optimise treatment with regular blood tests and doctor consultations. Adjust low doses as needed. Schedule a 12-week review. If there's no improvement, a 1mL dose might be necessary. Patience is key; early disappointment is common but can be addressed with proper dosing and safety checks.

12-Week Review:

Progress: Discuss sexual desire, arousal, and orgasm changes.

Side Effects: Report any.

Dosage: Increase to 1mL if needed.

Patience: Correct dosing may take up to 6 months for noticeable changes. Never change your dose unless directed by your doctor.

Consider Changes in Sexual Desire:

How often have you had more **frequent thoughts or fantasies** about sexual activity?



How would you rate your **interest in initiating or participating** in sexual activities?



How would you rate your **responsiveness to sexual stimuli or advances** from your partner?



Consider Emotional and Psychological Factors:

How would you rate your overall **self-esteem and body confidence**?



How would you rate your current **levels of anxiety or stress**?



How much **distress** has your current level of sexual desire caused you?



Consider Physical Symptoms of Sexual Function:

Arousal:

Increased Lubrication:

Notice if natural vaginal lubrication increases.

Genital Sensitivity:

Pay attention to changes in sensitivity and responsiveness.

Quickening of Arousal: Track if you reach arousal more quickly and with less stimulation.

Orgasm:

Frequency & Ease of Reaching Orgasm: Observe if orgasms are easier to achieve, alone or with a partner.

Intensity of Orgasms: Note any increase in the intensity and satisfaction of orgasms.

Pain:

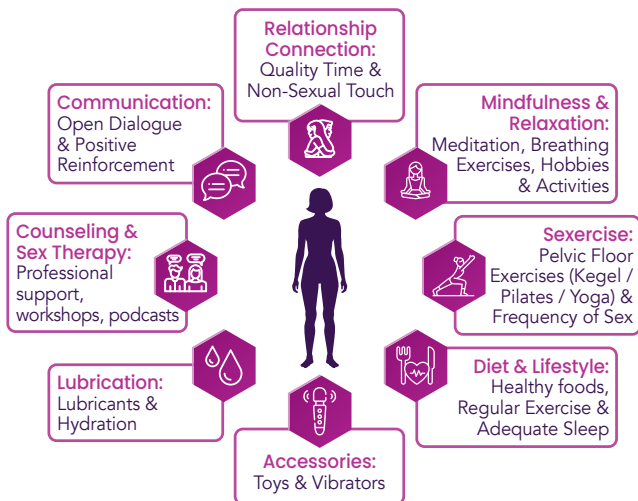
Frequency & Severity of Pain: Track if or how often you may experience pain during sexual activities and its severity.

Impact on Sexual Activity: Note if and how pain may affect your ability to engage in or enjoy sexual activities.

Regular Monitoring and Feedback:

- **Journaling:** Track changes in your sexual thoughts, desires, satisfaction and activities.
- **Partner Feedback:** Openly discuss observed shifts in sexual interest and desire with your partner for improved understanding.
- **Doctor Visits:** Regular reviews to check bloods and establish correct dose.

Increase Satisfaction:



How is Your Sex Life Working for You?



For more detailed information, please refer to our Sexual Health Brochure through QR code.

Ask your doctor if AndroFeme®1 is right for you.

AndroFeme®1 is a non-funded prescription medicine containing 1% w/v testosterone (10mg testosterone per 1 mL). Normal doctors' fees and a prescription charge will apply. AndroFeme®1 is indicated for the treatment of hypoactive sexual desire dysfunction (HSDD) in postmenopausal women. AndroFeme®1 has risks and benefits. Testosterone supplementation in women must be monitored closely, especially at onset of treatment. Ask your doctor if AndroFeme®1 is right for you. Use only as directed. If symptoms continue or side effects develop, see your doctor, pharmacist or healthcare professional. For further information about AndroFeme®1, see the Consumer Medicine Information (CMI) available at www.medsafe.govt.nz. Alchemy Health NZ Ltd, Auckland. TAPS: NP24173

Find out more at androfeme.nz

References: Androfeme®1 New Zealand Data Sheet. Worsley R. J Sex Med 2017;14(5):675-686. Fooladi E. Climacteric 2014;17:674-681. Simon JA. Climacteric 2018;5:415-427. Balachandran S, Medicine Today Oct 2021; 22(10): 50-53. Davis SR. JCEM; 2019; 104(10):4660-4666. Skiba M. 2019 JCEM; 104(11):5382-5392. Simon J. OBG Management Suppl. April 2019. S15-S19. Goldstein I, Mayo Clin Proc 2017;92(1):114-128. Parish Sharon J; Supplement to OBG Management. 2019; S8-S14. A Dominguez-Bali. J Sex Med 2023; Volume 20, Issue Supplement_1, May. Davis S. Menopause 2006;13(3):387-96.



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www.alchemyhealth.co.nz



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