NEW ERA COMPOUNDING PHARMACY
Carolina, Puerto Rico · 503A Compounding Facility

Bi-Est & Testosterone Topical Creams

Patient · Prescriber · FAQ Information Leaflet

IMPORTANT — READ FIRST

These are pharmacy-compounded bioidentical hormone preparations. Compounded drugs are NOT FDA-approved and have not undergone FDA review for safety, efficacy, or manufacturing quality. They are prepared under USP <795> for an individual patient on a valid prescription.

This leaflet is educational. It does not replace your prescriber's instructions or the clinical judgment of your physician. Always follow the directions on your prescription label. Do not change your dose without contacting your prescriber.

1. Using the UnoDose Dispensing Jar

Your cream is supplied in a UnoDose airless metered-dose jar. This device delivers a precise, repeatable amount of cream with each click, which is what makes accurate hormone dosing possible at home. Unlike a tube or open jar, the airless piston protects the cream from contamination and oxidation and pushes product up from the bottom, so almost none is wasted.

How much is one click?

Each single click of the UnoDose dispenses **0.25 grams (0.25 g) of cream.** This is a fixed mechanical volume built into the pump — the piston advances the same distance every time you press, so every click delivers the same 0.25 g regardless of how full the jar is.

Because the amount of cream per click is fixed, the amount of hormone per click depends only on the **strength (concentration)** of the cream. The math is simple:

Hormone per click (mg) = Cream strength (mg/g) × 0.25 g per click

Example: a 4 mg/g cream × 0.25 g = **1 mg of hormone per click.** Two clicks of that cream deliver 2 mg, and so on.

Step-by-step application

1. Prime a new jar: with the lid off, click 2–3 times over a tissue until cream appears evenly. Discard that primed cream. Re-prime with 1 click if the jar has not been used for several days.
2. Hold the jar upright on a firm surface. Press the top fully down until it stops — that is ONE click = 0.25 g — then release fully. Repeat for the number of clicks your prescription specifies.
3. Collect the cream on a clean fingertip or the applicator provided.
4. Apply to clean, dry, intact skin at the site your prescriber directed. Rub in gently for 10–20 seconds until absorbed.
5. Wash your hands thoroughly with soap and water immediately after applying (unless the hands are the treatment site).
6. Replace the cap. Store as directed below. Do not use if the cream changes color, separates, or develops an odor.

Rotate your application sites

Apply to areas with thin skin and good absorption: inner forearms, inner thighs, or behind the knees. Rotate sites daily to avoid skin buildup and irritation. Do not apply to broken, irritated, or freshly shaved skin. Allow the site to dry before dressing; do not wash the area for at least 1 hour.

Dose delivered per click — all available strengths

The following table converts clicks into the actual hormone dose for every strength New Era compounds. Confirm the strength printed on YOUR label before dosing.

Bi-Est creams (total estrogen = estriol + estradiol):

Product	Strength	Total estrogen / click	Estriol (E3) / click	Estradiol (E2) / click
BiEst 70/30	2 mg/g	**0.50 mg**	0.35 mg	0.15 mg
BiEst 70/30	4 mg/g	**1.00 mg**	0.70 mg	0.30 mg
BiEst 50/50	2 mg/g	**0.50 mg**	0.25 mg	0.25 mg
BiEst 50/50	4 mg/g	**1.00 mg**	0.50 mg	0.50 mg

Ratio note: 70/30 = 70% estriol / 30% estradiol; 50/50 = equal parts. Estriol (E3) is the weakest human estrogen; estradiol (E2) is the most potent. A 50/50 blend delivers more of the potent estradiol at the same total strength, so it is generally more physiologically active than a 70/30 blend of identical mg/g.

Testosterone creams:

Strength	Testosterone / click	Typical use	2 clicks (0.5 g)
4 mg/g	**1.0 mg**	Female (low dose)	2.0 mg
10 mg/g	**2.5 mg**	Female (higher dose)	5.0 mg
200 mg/g	**50 mg**	Male (TRT)	100 mg

Do not confuse the strengths

The 200 mg/g testosterone cream is a MALE replacement strength — a single click delivers 50 mg, roughly 50× a typical female click of the 4 mg/g cream. These products must never be substituted for one another. Always verify the strength on your label matches your prescription.

2. Bi-Est (Estriol / Estradiol) Cream

Bi-Est is a topical combination of two bioidentical estrogens — **estriol (E3)** and **estradiol (E2)** — in a fixed ratio (70/30 or 50/50). “Bioidentical” means the molecules are structurally identical to the estrogens your ovaries produce. It is applied to the skin (transdermal) rather than swallowed, which avoids first-pass liver metabolism.

Potential benefits

- Reduction of vasomotor symptoms — hot flashes and night sweats.
- Improvement of genitourinary symptoms of menopause (GSM): vaginal dryness, irritation, painful intercourse, and some urinary symptoms.
- Support for sleep quality, mood stability, and reduction of irritability associated with estrogen decline.
- Skin hydration and elasticity; may reduce estrogen-related joint aches.
- Transdermal estradiol is associated with a lower risk of venous blood clots than oral estrogen because it bypasses first-pass liver metabolism.

Who may benefit

- Peri-menopausal and post-menopausal women with bothersome vasomotor or genitourinary symptoms.
- Women who cannot tolerate, or wish to avoid, oral estrogen therapy.
- Women seeking individualized ratios/strengths not available in commercial FDA-approved products — under prescriber supervision.

Evidence note: For most women, FDA-approved transdermal estradiol products have the strongest evidence base. Compounded Bi-Est is used when a commercial product is unsuitable. There is no good evidence that estriol adds proven benefit over estradiol alone; it is included largely to allow a lower proportion of potent estradiol.

> **Progesterone and the uterus — critical**
> If you have an intact uterus, estrogen used alone ("unopposed") thickens the uterine lining and raises the risk of endometrial hyperplasia and endometrial (uterine) cancer. Women with a uterus MUST also take adequate progesterone/progestin as prescribed. Report any unexpected vaginal bleeding to your prescriber promptly.

Contraindications — do NOT use if you have / have had:

- Known, suspected, or past history of breast cancer or other estrogen-dependent cancer.
- Undiagnosed abnormal genital/vaginal bleeding.
- Active or prior venous thromboembolism (DVT/PE) or known thrombophilia (e.g., Factor V Leiden).
- Active or recent arterial thrombotic disease (stroke, heart attack).
- Active liver disease or significant hepatic impairment.
- Known or suspected pregnancy; hypersensitivity to any ingredient.

Common & important side effects

- Common: breast tenderness/swelling, breakthrough spotting or bleeding, headache, nausea, bloating, fluid retention, mood changes, application-site irritation.
- **Seek urgent care for warning signs:** leg pain/swelling, sudden shortness of breath or chest pain, sudden severe headache, vision changes, weakness or numbness on one side, or a new breast lump.

Monitoring

Expect follow-up for symptom response, blood pressure, breast exams and age-appropriate mammography, and evaluation of any abnormal bleeding (which may require endometrial assessment). Hormone level testing may be used at your prescriber's discretion; dosing is guided primarily by symptoms.

How Bi-Est is typically applied

Usual starting doses are individualized. Systemic Bi-Est is commonly applied once or twice daily to the inner forearms or thighs. For GSM, small amounts may be directed to the external vaginal/vulvar tissue. **Follow your label.** Using the per-click table above, a common systemic starting point is 1 click of a 2 mg/g cream (0.5 mg total estrogen) daily, titrated to effect by your prescriber.

3. Testosterone Cream

Testosterone is a bioidentical androgen applied to the skin. It is prescribed for **both women (low doses)** and **men (replacement doses)**. The correct strength depends entirely on the patient — the 4 and 10 mg/g creams are female-range; the 200 mg/g cream is a male replacement strength.

For women (4 mg/g and 10 mg/g)

Potential benefits & candidates:

- Improvement of low sexual desire (the best-supported use is hypoactive sexual desire disorder in post-menopausal women).
- Some women report improved energy, mood, and sense of wellbeing; muscle/bone support is proposed but less well established.
- Typically used alongside estrogen therapy in menopausal women, under prescriber supervision.

Dosing goal: keep blood testosterone within the normal FEMALE physiologic range. Female daily doses are usually only a few milligrams — e.g., 1–2 clicks of the 4 mg/g cream (1–2 mg) or the 10 mg/g cream for higher requirements. Supraphysiologic dosing causes side effects and offers no added benefit.

Side effects in women — dose-dependent

Acne, oily skin, and increased facial/body hair are the most common. Excessive or prolonged dosing can cause VIRILIZATION — deepening of the voice, male-pattern hair loss, and clitoral enlargement. Voice deepening and clitoral enlargement may be PERMANENT. Report these changes immediately and stop dosing until you speak with your prescriber.

Do not use if pregnant, trying to conceive, or breastfeeding.

For men (200 mg/g — testosterone replacement therapy)

Potential benefits & candidates:

- Treatment of diagnosed male hypogonadism (clinically low testosterone confirmed on lab testing plus symptoms).
- May improve libido, energy, mood, muscle mass, and bone density when a true deficiency is corrected to the normal male range.

Dosing: one click of the 200 mg/g cream delivers 50 mg of testosterone. Actual prescribed dose and number of clicks are set by your physician based on lab monitoring.

Contraindications (men):

- Known or suspected prostate cancer or male breast cancer.
- Elevated hematocrit/polycythemia (thick blood).
- Untreated severe obstructive sleep apnea or severe untreated heart failure.
- Men currently trying to father children — testosterone suppresses sperm production and can cause infertility.

Side effects (men):

- Increased red blood cell count (may require blood donation or dose reduction), acne/oily skin, fluid retention, breast tenderness or enlargement (gynecomastia), testicular shrinkage, reduced fertility, mood changes, and possible worsening of sleep apnea or BPH urinary symptoms.

Monitoring (men): testosterone level, hematocrit/hemoglobin, PSA and prostate assessment, and sometimes estradiol — typically at baseline, ~3–6 months, then periodically.

TRANSFERENCE — protect others (all testosterone strengths)

Testosterone transfers to other people through skin-to-skin contact and can cause serious harm — early puberty and genital changes in children, and unwanted masculinization in women. This is the single most important safety point for testosterone creams.

After applying: wash hands immediately; let the site dry fully; cover it with clothing. Keep the treated area away from women and children. Do not let anyone touch the application site. If someone does make contact, they should wash the area with soap and water right away. Do not apply near where an infant's or child's skin will contact you.

4. Storage, Handling & Disposal

- Store at controlled room temperature (20–25 °C / 68–77 °F), away from heat, direct light, and moisture, unless your label directs refrigeration.
- Keep the cap on and the jar upright. Keep out of reach of children and pets.
- Observe the Beyond-Use Date (BUD) on your label. Do not use after this date. Compounded creams have shorter dating than manufactured products.
- Do not transfer the cream to another container. Do not share your medication with anyone.
- Return unused or expired hormone cream to the pharmacy for disposal where possible; do not flush.

5. Frequently Asked Questions

Q: How do I know how much hormone I'm getting per click?
A: Multiply the strength on your label (in mg/g) by 0.25. Each click is 0.25 g of cream, so a 4 mg/g cream gives 1 mg per click, a 10 mg/g cream gives 2.5 mg per click, and so on. See the tables in Section 1.

Q: What if I miss a dose?
A: Apply it when you remember unless it is nearly time for the next dose — in that case skip the missed dose and resume your normal schedule. Do not double up. Ask your prescriber if you regularly forget.

Q: Are these creams FDA-approved?
A: No. Compounded medications are prepared for an individual patient under a prescription and are not FDA-approved or reviewed for safety and effectiveness. FDA-approved commercial alternatives exist for many hormones and should be considered where appropriate.

Q: Are 'bioidentical' hormones safer than regular hormones?
A: “Bioidentical” means structurally identical to human hormones — it does not mean risk-free or proven superior. Compounded bioidentical hormones carry the same class risks as other hormone therapy (clot, stroke, and cancer risks discussed above), and they lack the manufacturing and evidence oversight of FDA-approved products.

Q: Can I use more to get faster results?
A: No. Higher doses increase side effects without added benefit and, for testosterone in women, can cause permanent changes. Only change your dose on your prescriber's instruction.

Q: Can the cream transfer to my partner or children?
A: Yes — especially testosterone. Wash hands after applying, let the site dry, cover it, and avoid skin contact at the site. See the transference warning in Section 3.

Q: Why did my prescriber choose 70/30 vs 50/50 Bi-Est?
A: The ratio sets how much of the potent estradiol you receive. 50/50 delivers more estradiol than 70/30 at the same total strength. Your prescriber selects the ratio and strength based on your symptoms and response.

Q: How long until it works?
A: Vasomotor and mood effects often improve over a few weeks; genitourinary and libido effects may take 8–12 weeks. Keep follow-up appointments so your dose can be adjusted.

New Era Compounding Pharmacy · Carolina, PR
Questions about your medication? Contact the pharmacy and ask to speak with the pharmacist. For medical questions about whether this therapy is right for you, contact your prescriber. In an emergency, call your local emergency number.
This leaflet is provided for educational purposes and does not constitute medical advice or replace the prescriber-patient relationship.