Prescribe DUAVIVE® (0.45 mg/20mg) for the treatment of estrogen deficiency symptoms in post-menopausal women with a uterus where progestin is not appropriate.

DUAVIVE pairs two active ingredients in a single once-daily tablet:

- Can be taken with or without food
- Tablets must be swallowed whole
- May be taken with calcium and/or vitamin D
- Use DUAVIVE for the shortest duration consistent with treatment goals and risks for the individual woman

Post-menopausal women should be re-evaluated periodically as clinically appropriate to determine if treatment is still necessary.

A novel pairing of conjugated estrogens (CE) with the selective estrogen receptor modulator (SERM) bazedoxifene (BZA):

- Significant reduction in the frequency and severity of moderate to severe hot flushes
- The BZA component as an alternative to progestin, help for protecting the uterine lining
- Effects on breast density similar to placebo at 1 year
- Increase in bone mass compared to placebo at 2 years
- Low incidence of endometrial hyperplasia at 1 year
- An improved QOL in symptomatic post-menopausal women
More patients expressed satisfaction WITH DUAVIVE vs placebo

The percentages of subjects reporting satisfaction (“extremely satisfied” or “satisfied”) with the ability to control hot flushes during the day and night: the effects on sleep quality, mood or emotions, interest in sex, and ability to concentrate; and tolerability for DUAVIVE vs placebo is presented. Results from a 12-week, multicentre, double-blind randomised placebo controlled phase 3 study (DUAVIVE n=127, placebo n=63).

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**INDICATIONS**

Treatment of estrogen deficiency symptoms in postmenopausal women with a uterus (with at least 12 months since the last menses) for whom treatment with progestin-containing therapy is not appropriate. The experience treating women older than 65 years is limited.

**CONTRAINDICATIONS**

Hypersensitivity to conjugated estrogens, bazedoxifene or excipients; known, suspected or history of breast cancer, estrogen-dependent malignant tumours; undiagnosed genital bleeding; untreated endometrial hyperplasia; active or history of VTE, arterial thromboembolic disease; thrombophilic disorders; impaired liver function; porphyria; not to be taken by women of childbearing potential.

See Data Sheet for details.

**PRECAUTIONS**

Not to be given with concomitant progestins; additional estrogens or other SERMs. Full medical examination before initiation and follow up, especially of breast health; conditions requiring supervision: leiomyoma or endometriosis, risk factors for thromboembolic disorders or estrogen-dependent tumours, hypertension, coronary artery disease and stroke, liver disorders (liver function), diabetes mellitus, cholelithiasis, migraine, systemic lupus erythematosus, endometrial hyperplasia history, epilepsy, asthma, otosclerosis; risk of endometrial hyperplasia and carcinoma; risk of VTE; cholezystitis reported; monitor patients with hypertriglyceridemia; may cause fluid retention; estrogens increase thyroid binding globulin; use in pregnancy Category D; may cause fluid retention; estrogens increase thyroid binding globulin; use in pregnancy Category D; may cause fluid retention; estrogens increase thyroid binding globulin; use in pregnancy Category D. See Data Sheet for details. **ADVERSE EFFECTS**

Abdominal pain; vulvovaginal candidiasis; constipation; diarrhea; nausea; muscle spasm; blood triglycerides increased; VTE; breast tenderness; hot flushes. See Data Sheet for details.

**DOSAGE AND ADMINISTRATION**

Recommended: CE 0.45 mg/bazedoxifene 20 mg modified-release tablets. Tolerability to side effects is presented. Adapts from Utian WH, et al.