



SCHERING

What HRT ought to be

UK doctors told us what they wanted in an oral HRT formulation. Nuvelle closely matches their specifications – developed in the UK for the UK, as first-line HRT^{1,2}

nuvelle

oestradiol and levonorgestrel

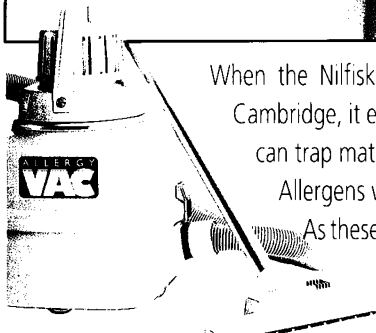
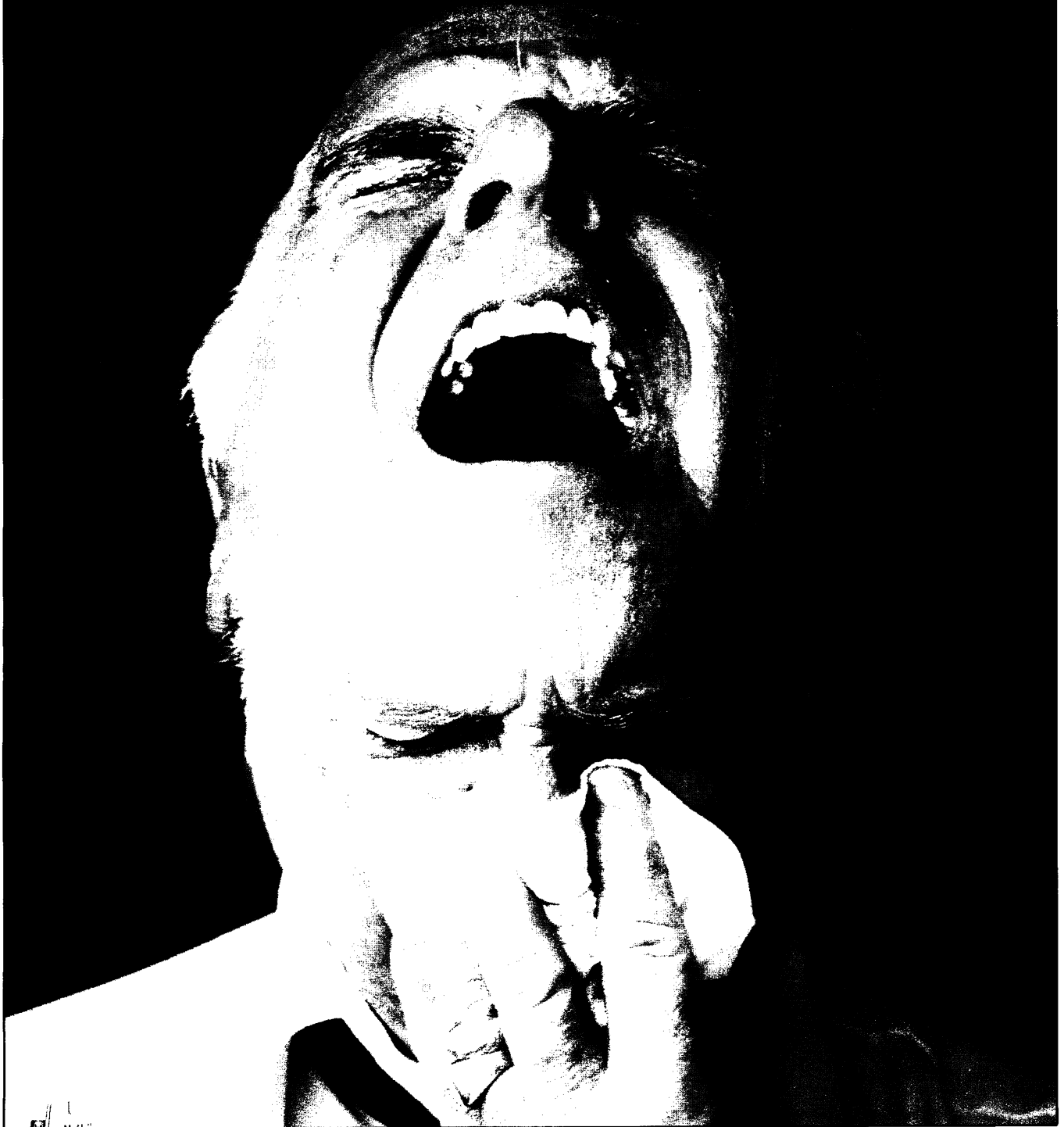
HRT in a single daily tablet

Prescribing Information

28 tablets containing oestradiol valerate 2 mg, the last 12 also containing levonorgestrel 75 micrograms. **Indications:** Hormone replacement therapy for the treatment of the climacteric syndrome. **Dosage and administration:** Menstruating patients begin treatment on the 5th day of menstruation. Other patients may start at any time. One tablet daily continuously. **Contra-indications, warnings, etc.** **Contra-indications:** Pregnancy, severe disturbances of liver function, jaundice or general pruritus of pregnancy, Dubin-Johnson syndrome, Rotor syndrome, existing or previous thromboembolism, sickle-cell anaemia, suspected or existing hormone-dependent disorders or tumours of the uterus and breast, congenital disturbances of lipid metabolism, a history of herpes gestationis (also known as pemphigoid gestationis), otosclerosis with deterioration during pregnancy. **Warnings/side-effects:** Hormonal contraception should be stopped. Reported symptoms include anxiety, increased appetite, bloating, breast symptoms, cardiac symptoms, depressive symptoms, dizziness, dyspepsia, leg pains and swelling, altered libido, nausea, rashes, vomiting and altered weight. Cholestasis is possible in predisposed patients. Carefully monitor multiple sclerosis, epilepsy, diabetes, hypertension, porphyria, tetany and otosclerosis. **Precautions and special**

information: Before treatment, exclude pregnancy. If the expected bleeding fails to occur at about 28-day intervals, stop treatment and exclude pregnancy. Stop treatment at once if there are frequent and unusually severe headaches, first migraine or possible prodromata of vascular occlusion, or if trauma, illness or impending surgery entails a risk of thrombosis, if jaundice or pregnancy occurs, or blood pressure rises significantly. In patients with mild chronic liver disease, check liver function every 8-12 weeks. Examination of the pelvic organs, endometrium, breasts and blood-pressure is advised before and periodically during treatment. Investigate irregular bleeding. **Pharmaceutical precautions:** Store in cool, dry conditions. Shelf-life five years. **Legal category** POM Basic NHS Cost per pack of 3 x 28 tablets: £13.98 PL 0053/0219 PL Holder: Schering Health Care Ltd, Burgess Hill, West Sussex RH15 9NE. Nuvelle™ is a trademark of Schering AG, NUV Nov 1992. **References:** 1. Eisen, S.A. et al., Arch. Intern. Med., 1990; 150: 1881-84. 2. Schneider, W.H.F. & Spona, J., Acta. Obstet. Gynecol. Scand., 1977; Suppl. 65: 39-43. 3. Klopper, A., Br. Med. J., 1976; 2: 414-416. 4. Whitehead, M.I., Acta. Obstet. Gynecol. Scand. Suppl., 1986; 134: 81-91. 5. Whitehead, M.I. et al., J. Reprod. Med., 1982; 27 (suppl. 8): 539-48.

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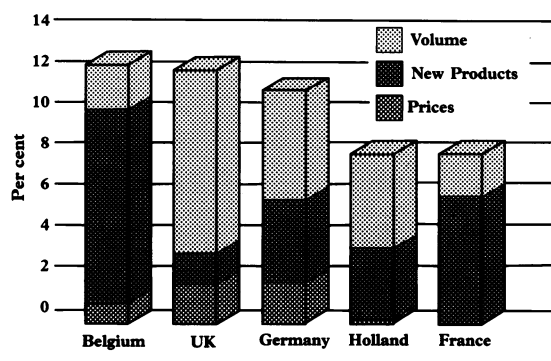
Prescription for giving value for money

Government Health Ministers – and the Treasury – are reported to be concerned about the continuing increase in prescribing costs incurred by Britain's family doctors. The main reasons for this are as follows:

- * As people get older they require more medicines. There have been significant increases in the numbers of people living beyond 75 and, in particular, beyond 85. A recent survey showed that of a 51 million increase in prescriptions written by GPs over a ten-year period, more than 49 million (i.e. 96 per cent) were for patients of pensionable age.¹
- * As a direct consequence of the imposition of cash-limits and some aspects of the NHS Reforms many hospitals have 'transferred' significant prescribing costs to GPs.
- * The Government, as part of its reform programme for the NHS, has encouraged GPs to set up clinics to help identify patients requiring preventive medicine – treatments for high blood pressure and late-onset diabetes for example. More people requiring medicines have been identified; but the costs will be more than offset by longer-term savings. The future need for hospital care will be reduced because heart attacks, strokes or blindness in literally thousands of patients will be prevented.

Advances in scientific knowledge have led to more effective and safer medicines. But, as the chart demonstrates, the major element in the rise in the NHS Medicines Bill is due to increased volume – not to price rises or the use of newer more expensive products.² And the UK spends less per head and easily the least amount on new medicines.

Chart shows annual rise of pharmaceutical expenditures with figures showing prescription medicines sales and cost of new products per head, 1991.



All prescriptions	£99	£69	£122	£86	£105
New products	£17	£ 6	£ 21	£14	£ 14

The underlying purpose behind the NHS Reforms was to provide a wider and more cost-effective service to patients.

Extra costs incurred today will yield far greater savings in the future.

That is giving real value for money

¹ Trends in usage of prescription medicines by the elderly and very elderly between 1977 and 1988, ABPI, 1990.

² Growth in prescription medicines expenditure – an international comparison. ABPI, 1992.

Publications available from ABPI, 12 Whitehall, London SW1A 2DY



THE BRITISH PHARMACEUTICAL INDUSTRY.
HELPING TO KEEP BRITAIN HEALTHY

Indications: Adults: Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout and acute musculoskeletal disorders. Elderly: As with other NSAIDs elderly patients should be closely supervised. Children: FELDENE MELT is not recommended in children. For treatment of juvenile chronic arthritis (Still's disease) please see oral data sheet. **Dosage:** Rheumatoid arthritis, osteoarthritis and ankylosing spondylitis: normal starting and maintenance dosage 20mg once daily. Long-term use of 30mg daily or more carries an increased risk of gastro-intestinal side-effects. Acute gout - 40mg daily in single or divided doses for up to 7 days. Acute musculoskeletal disorders - 40mg daily, in single or divided doses, for the first 2 days, 20mg daily for the remainder of the 7 to 14 days' treatment. **Contra-indications:** Active peptic ulceration or history of recurrent ulceration. Hypersensitivity to FELDENE.

aspirin or other NSAIDs. **Warnings:** Pregnancy, lactation. **Precautions:** Significant renal, hepatic or cardiac insufficiency. Patients with phenylketonuria – each Melt tablet contains 0.14mg phenylalanine. **Drug Interactions:** Monitor patients on concurrent anticoagulants, lithium or diuretic therapy. Concurrent use of aspirin or other NSAIDs is not advised. **Side-Effects:** Gastro-intestinal symptoms; if peptic ulceration or gastro-intestinal bleeding occurs withdraw FELDENE. Oedema, mainly ankle. Skin rashes. CNS effects, including headaches and dizziness. Rare cases of renal and hepatic abnormalities have been reported. Haematological reactions including thrombocytopenia and anaemia and hypersensitivity reactions such as bronchospasm and anaphylaxis have been reported very rarely. **Package Quantities and Basic NHS Cost:** FELDENE MELT tablets 20mg, pack of 28, £11.97 (PL 0057/0352). Full information on request. **References** 1. Data on file Pfizer Limited. 2. Boardman PL et al. *Eur J Rheumatol Inflamm* (1983); 6 (1): 73-83.



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