

New Indications

Cialis (**tadalafil**) is now indicated in moderate to severe lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH) in adult males.

Daivobet 50/500 Gel (**calcipotriol + betamethasone dipropionate**) is now indicated in the topical treatment of mild to moderate plaque psoriasis on the body in adults.

Eliquis (**apixaban**) is now indicated in stroke, systemic embolism prevention in patients with nonvalvular atrial fibrillation and at least 1 additional stroke risk factor.

Erbix (**cetuximab (rnc)**) is now indicated in combination with infusional 5-fluorouracil/folinic acid plus irinotecan. It is also indicated in combination with irinotecan in patients who are refractory to first-line chemotherapy, and as first-line treatment in combination with FOLFOX.

Frisium (**clobazam**) is now indicated in children (4 years of age and over) as adjunctive therapy in patients with partial refractory and Lennox-Gastaut epilepsy types who are not adequately stabilized with their current anticonvulsant therapy.

Galvumet (**vildagliptin/metformin hydrochloride**) is now indicated in combination with a sulphonylurea (i.e. triple combination therapy) as an adjunct to diet and exercise in patients inadequately controlled with metformin and a sulphonylurea.

Galvus (**vildagliptin**) is now indicated in triple combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these agents do not provide adequate glycaemic control.

Inspra (**epplerenone**) is now indicated to reduce the risk of cardiovascular mortality and morbidity in adult patients with NYHA Class II (chronic) heart failure and left ventricular systolic dysfunction (LVEF \leq 30% or LVEF \leq 35% in addition to QRS duration of $>$ 130 msec), in addition to standard optimal therapy.

Janumet (**sitagliptin phosphate monohydrate/metformin hydrochloride**) is now indicated in combination with a sulphonylurea when combination therapy with metformin and sulphonylurea does not provide adequate glycaemic control.

Januvia (**sitagliptin phosphate monohydrate**) is now indicated as triple combination therapy with metformin and a sulphonylurea when combination therapy with both agents does not provide adequate glycaemic control.

Mabthera (**rituximab**) in combination with glucocorticoids is now indicated for the induction of remission in patients with severely active Granulomatosis with polyangiitis (GPA, also known as Wegener's granulomatosis) and Microscopic polyangiitis (MPA).

Rebif (**interferon beta-1a**) is now indicated in patients with a single demyelinating event in the central nervous system with an active inflammatory process, if alternative diagnoses have been excluded, and if they are determined to be at high risk of developing clinically definite multiple sclerosis. High risk can be inferred from cerebral MRI with 2 or more lesions suggestive of demyelination.

Trajenta (**linagliptin**) is now indicated in adults with type 2 diabetes mellitus to improve glycaemic control in conjunction with diet and exercise as monotherapy when metformin and sulphonylureas are not tolerated or are contraindicated; or as add on to metformin, sulphonylureas or metformin plus sulphonylureas; or to insulin (with or without metformin).

This list is a summary of only some of the changes that have occurred over the last month. Before prescribing, always refer to the full product information.