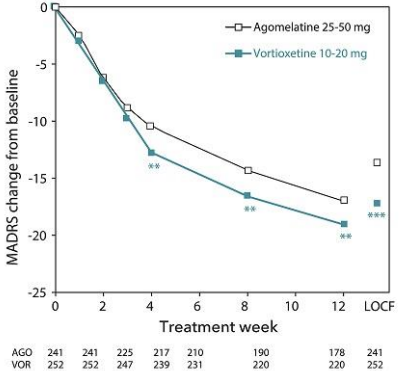
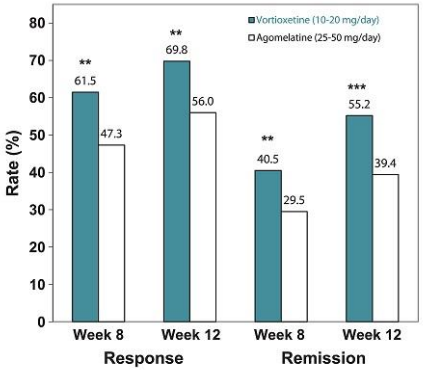
# Vortioxetine is significantly superior to Agomelatine in the treatment of inadequate responders to a single adequate course of treatment with SSRIs or SNRIs.[1]




From 12 week, randomised, double-blind, study compared efficacy and tolerability of flexible-dose treatment with vortioxetine (10–20 mg/day) versus agomelatine (25–50 mg/day) in major depressive disorder patients with inadequate response to selective serotonin reuptake inhibitor (SSRI)/ serotonin–noradrenaline reuptake inhibitor (SNRI) monotherapy. (n=502)

Effective in adult patient with MDD[2]
Normal dosing of Brintellix is 10 mg once daily[2]
The dose may be increased to a maximum of 20 mg daily[2]

| | Start & Recommended Dose[2] | Maximum Dose[2] |
|---|---|---|
| Brintellix vortioxetine |  10 mg once daily |  20 mg once daily |

BL HUA Lundbeck

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Brintellix vortioxetine

**Brintellix (vortioxetine) - abbreviated prescribing information**
**Presentation:** Film-coated tablets 10 mg. **Indication:** Treatment of major depressive episodes in adults. **Dosage:** Adults: starting and recommended dose is 10 mg, once-daily, taken with or without food. Elderly ≥65 years: Starting dose 5 mg. Children and adolescents (<18 years): should not be used. **Discontinuation:** Patients can abruptly stop taking the medicinal product without the need for a gradual reduction in dose. **Contraindications:** Hypersensitivity to vortioxetine or to any of the excipients. Combination with MAO-inhibitors. Should not be used during pregnancy or lactation unless clearly needed and after careful consideration of the risk/benefit. **Special warnings and precautions:** Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide. It is a general clinical experience that the risk of suicide may increase in the early stages of recovery. Close supervision of high-risk patients should accompany drug therapy. Patients (and caregivers) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present. Should be introduced cautiously in patients who have a history of seizures or in patients with unstable epilepsy. Patients should be monitored for the emergence of signs and symptoms of Serotonin Syndrome or Neuroleptic Malignant Syndrome. Should be used with caution in patients with a history of mania/hypomania and should be discontinued in any patient entering a manic phase. There have been reports of cutaneous bleeding abnormalities with the use of SSRIs/SNRIs. Hyponatraemia has been reported rarely with the use of SSRIs/SNRIs. Caution should be exercised for patients with renal or hepatic impairment. **Interactions:** Caution is advised when taken in combination with MAO-inhibitors, serotonergic medicinal products, products lowering the seizure threshold, lithium, tryptophan, St. John's Wort, oral anticoagulants or antiplatelet agents, and products predominantly metabolised by the enzymes CYP2D6, CYP3A4, CYP2C9 and Cytochrome P450. **Undesirable effects:** Adverse reactions are most frequent during the first or second week of treatment and usually decrease in intensity and frequency with continued treatment. ***Very common:*** Nausea. ***Common:*** Decreased appetite, abnormal dreams, dizziness, diarrhoea, constipation, vomiting, itching. ***Uncommon:*** Grinding one's teeth, flushing, night sweats. ***Unknow:*** Serotonin Syndrome. ***Overdose:*** Symptomatic treatment.
**Marketing authorisation holder:** H. Lundbeck A/S, 9 Ottiliavej, DK-2500 Valby, Denmark. **Revision date:** June 2015.
**Full prescribing information is available from:** H. Lundbeck A/S, Ottiliavej 9, 2500 Valby, Denmark. Medicinal product subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

# Ebixa® 5 mg/pump actuation

**Maintenance dose : 4 pumps Once Daily**
(Maximum 20 mg/day)

"Meta-analysis showed that memantine showed significant efficacy compared to controls in **improving delusion, agitation, aggression, disinhibition, nighttime disturbance, and diurnal rhythm disturbances** in patients with Alzheimer's disease[1]"

No grant support or other sources of funding were used to conduct this study or prepare this manuscript.


"Use of the closing pump for dispensing"[2]


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References :
1. Kishi T, Mastsunaga S, Iwata N. The effects of memantine on behavioral disturbances in patients with Alzheimer's disease: a meta-analysis. Neuropsychiatric Disease and Treatment 2017;13:1909-1928
2. เอกสารกำกับยาภาษาอังกฤษ, 2019

ใบอนุญาตโฆษณาเลขที่ ฆศ.480/2563

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Once-Daily
AZILECT®
rasagiline

# Rasagiline improves motor fluctuations and PD symptoms in levodopa treated PD patients[1]

## Rasagiline has simple dosing schedule[2,3]

- One tablet
- Once daily
- No titration

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ยังมีรายละเอียดเพิ่มเติมในเอกสารอ้างอิงฉบับสมบูรณ์
และเอกสารกำกับยา
ใบอนุญาตเลขที่ ยท.956/2562


**References: .**

1. Parkinson Study Group. Arch Neurol 2005; 62: 241-248.
2. Reichmann H et al. Eur J Neurol 2010;17(9):1164-1171
3. Azilect SmP


**Abbreviated prescribing information Name:**Azilect® 1 mg Active substance: Rasagiline mesylate Indication:Treatment of idiopathic Parkinson's disease (PD) as monotherapy (without levodopa) or as adjunct therapy (with levodopa) in patients with end of dose fluctuations. Contraindications: Hypersensitivity to the active substance or to any of the excipients. Concomitant treatment with other monoamine oxidase inhibitors (MAOI) or pethidine is contraindicated. At least 14 days should elapse between discontinuation of rasagiline and initiation of treatment with monoamine oxidase inhibitors or pethidine. Rasagiline is contraindicated in patients with severe hepatic insufficiency. Special warnings and precautions:The concomitant use of rasagiline and fluoxetine or fluvoxamine should be avoided. At least ve weeks should elapse between discontinuation of fluoxetine and initiation of treatment with rasagiline. At least 14 days should elapse between discontinuation of rasagiline and initiation of treatment with fluoxetine or fluvoxamine.The concomitant use of rasagiline and dextromethorphan or sympathomimetics such as those present in nasal and oral decongestants or cold medications containing ephedrine or pseudoephedrine is not recommended. Caution should be used when initiating treatment with rasagiline in patients with mild hepatic insufficiency. Rasagiline use in patients with moderate hepatic impairment should be avoided. Interactions: In view of the MAO inhibitory activity of rasagiline, antidepressants should be administered with caution. Co-administration of rasagiline and ciprofloxacin (or other potent inhibitors of -CYP1A2) should be administered with caution.There is a risk that the plasma levels of rasagiline in smoking patients could be decreased.See also interactions listed in the contraindications and special warning sections. Pregnancy and lactation: Caution should be exercised when prescribing to pregnant women. Caution should be exercised when rasagiline is administered to a breast-feeding mother. Adverse reactions with at least 2% difference over placebo: Monotherapy: Headache, arthalgia, dyspepsia, flu syndrome, depression, conjunctivitis, malaise, neck pain. Adjunctive therapy: dyskinesia, accidental injury (primarily falls), postural hypotension, weight loss, constipation, abdominal pain, vomiting. Posology: 1 mg once daily with or without levodopa. It can be taken with or without food. Overdose:Symptomatic treatment: Patients should be monitored and the appropriate symptomatic treatment and supportive therapy instituted.Absorption: Rasagiline is rapidly absorbed, reaching peak plasma concentration (Cmax) in approximately 0.5 hours. Elimination: Rasagiline undergoes almost complete biotransformation in the liver prior to excretion. It is eliminated primarily via urine and secondarily via faeces. less than 1% of rasagiline is excreted as unchanged product in urine. Administration: Orally as 1 mg tablets.

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