

Thyroxine Sodium

【OELT5】Eltroxin[®] 50mcg/Tab

ATC Code : H03AA01

中文名：昂特欣錠 «GSK»

適應症：甲狀腺機能減退症。

藥理分類：Thyroid Product.

用法用量：Administration:

- orally taken **on an empty stomach**, preferably 0.5-1 hour before breakfast or the first food of the day.
- Food that decrease absorption of thyroxine (e.g., soybean infant formula, soybean flour, cotton seed meal) should not be used for administering levothyroxine.

Indications and dosage regimens:

Hypothyroidism:

— Pediatric Patients

For infants with congenital hypothyroidism, a suitable starting dose is 25 mcg/day, with increments of 25 mcg every 2-4 weeks until mild toxic symptoms appear.

Dosage is then slightly reduced.

Levothyroxine Sodium Dosing Guidelines for Pediatric Hypothyroidism

Age	Daily Dose*
0-3 months	10-15 mcg/kg
3-6 months	8-10 mcg/kg or 25-50 mcg/kg
6-12 months	6-8 mcg/kg or 50-75 mcg
1-5 years	5-6 mcg/kg or 75-100 mcg
6-12 years	4-5 mcg/kg or 100-150 mcg
> 12 year but growth and puberty incomplete	2-3 mcg/kg or > 150 mcg
Growth and puberty complete	1.6-1.7 mcg/kg

*The dose should be adjusted based on clinical response and laboratory parameters.

— Adults:

- Initial dose of 50-100 mcg/day may be increased by 25-50 mcg at intervals of about 4 weeks until the thyroid deficiency is corrected and a maintenance dose is established.
- ◆ The adult maintenance dose: 100 and 200 mcg/day.
- In elderly patients, in those with cardiovascular disorders, or in those with severe hypothyroidism of long-standing, treatment should be introduced more gradually:
 - ◆ an initial dose of 12.5-50 mcg daily increased by increments of 12.5-25 mcg at intervals of about 4 weeks may be appropriate.

Juvenile Myxedema:

Starting dose for children > 1 yr: 2.5-5 mcg/kg/day.

Pituitary TSH Suppression:

— Thyroid Cancer:

Dosages > 2 mcg/kg/day given as a single dose usually required to suppress TSH below 0.1 mU/L. However, in patients with high-risk tumors, target level for TSH suppression may be < 0.01 mU/L.

— Benign Nodules or Nontoxic Multinodular Goiter:

Suppress TSH concentration to 0.1-0.5 mU/L for nodules and to 0.5-1.0 mU/L for multinodular goiter.

不良反應： 心絞痛、心律不整、心悸、骨骼肌痛性痙攣、心搏過速、腹瀉、嘔吐、震顫、不安、失眠、頭痛、潮紅、發汗、體重劇減、肌肉無力。

注意事項： 1.本劑禁用於甲狀腺毒症之患者。
2.本劑以早餐前服用為佳。

交互作用：

1. **Amiodarone**: diminish the therapeutic effect of Thyroid Products.
2. **Calcium Salts**: diminish the therapeutic effect of Thyroid Products.
Management: Separate the doses of the thyroid product and the oral calcium supplement by **at least 4 hours**.
3. CarBAMazepine, PHENobarbital, Phenytoin, Ciprofloxacin, Imatinib, Iron Preparations, RifAMPin, Sucralfate: **decrease** the serum concentration of Thyroid Products.
4. **Raloxifene**: **decrease** the absorption of Levothyroxine.
Management: separating doses of raloxifene and thyroid product by **several hours**.

懷 孕 期： 1.已有許多的孕婦及正值生育年齡的婦女服用過 ELTROXIN；到目前為止，在懷孕生產過程中並未發現任何明確形式的干擾。然而，母親甲狀腺機能低落或亢進，可能對胎兒出生或健康有不利的影響。分泌到乳汁的甲狀腺素 (thyroxine)濃度很低，但足以干擾新生兒甲狀腺機能不足症的篩檢。

2. Levothyroxine has not been shown to increase the risk of congenital abnormalities or miscarriage.

2. Levothyroxine is also recommended in some cases of subclinical hypothyroidism during pregnancy, and overt hypothyroidism in females with postpartum thyroiditis (ACOG 148 2015; ATA [Alexander 2017]; ES [De Groot 2012]).

授 乳 期： 1.少量甲狀腺素會排於母乳中，並可能足以干擾對新生兒甲狀腺官能不足症之篩檢。

2. Levothyroxine was not found to cause adverse events to the infant or mother during breastfeeding (Ito 1993).

3. The World Health Organization considers levothyroxine to be compatible with breastfeeding (WHO 2002).