Mirtazapine

【OMIRT】 Mirtazapine® 30mg/Tab *ATC Code：N06AX11*

中文名： 彌鬱停膜衣錠 《中化》

適應症： 鬱症。

藥理分類： **Antidepressant Miscellaneous, Alpha-2 Antagonist.**

用法用量： **Administration:** administer orally without regard to meals.

Dosage regimen:

Major Depressive Disorder (unipolar):

Initial: 15 mg once daily at bedtime; increase dose in 15 mg increments at intervals no less than every 1 to 2 weeks based on response and tolerability.

Maximum dose: 45 mg/day; however, doses up to 60 mg/day have been used in clinical trials.

Panic disorder (alternative agent) (off-label use):

Initial: 15 mg once daily at bedtime; may increase in increments of 15 mg at intervals of no less than 1 week based on response and tolerability.

Maximum dose: 45 mg/day. Average doses in clinical trials were ~30 mg/day; doses up to 60 mg/day have been evaluated.

Headache, chronic tension-type, prophylaxis (alternative agent) (off-label use):

Initial: 15 mg once daily at bedtime; may increase after 1 week to 30 mg/day based on response and tolerability.

Dosing: Kidney Impairment: Adult

eGFR ≥30 mL/minute/1.73 m^2: No dosage adjustment necessary.

eGFR <30 mL/minute/1.73 m^2: Initial: 7.5 to 15 mg QD;
titrate slowly with close monitoring for adverse effects

Hemodialysis, intermittent (thrice weekly); **Peritoneal** dialysis:

Initial: 7.5 to 15 mg QD;
titrate slowly with close monitoring for adverse effects.

Dosing: Hepatic Impairment: Adult

- There are no dosage adjustments provided in the manufacturer's labeling; however, dosage reductions may be necessary in patients with moderate to severe hepatic impairment (clearance may be decreased).
- Some experts recommend reducing initial dose by 50% and a maximum dose of 30 mg in patients with hepatic impairment. Use with caution.

不良反應： 體重增加、食慾增加、姿勢性低血壓、口乾、嗜睡、鎮靜、頭痛。

交互作用：

- **Galantamine**, ranolazine, solifenacin, erythromycin, clarithromycin, itraconazole, fluconazole, leuprolide, sulpiride, quetiapine, fluoroquinolones, hydroxychloroquine, donepezil, amiodarone, dronedarone, metronidazole, granisetron, PAXLOVID®: ↑risk of QT-interval prolongation.
- **Propafenone**: ↑ serum levels of propafenone and risk of toxicity.
- **Linezolid**, Bupropion, MAOIs: ↑ risk of serotonin syndrome (hypertension, hyperthermia, myoclonus, mental status changes).
- **Warfarin** : ↑risk of bleeding.

注意事項：

1. 可配水整錠吞服不須咀嚼。建議在每晚睡前服藥。
2. 不建議使用 Mirtazapine 來治療孩童與 18 歲以下青少年。
3. 腎臟或肝臟功能不全的病人，對 mirtazapine 的廓清率可能較低，因此這類

患者給予 Mirtazapine 時須留意。

4. Mirtazapine 不應與 MAO 抑制劑同時使用。停藥物二星期後再使用。
5. 服藥期間請勿飲酒。
6. 若 mirtazapine 與 warfarin 合併治療時，建議要監測 INR。

懷 孕 期： 1. 因此僅能在確實需要時，才能在懷孕期間使用 mirtazapine。
2. 目前有關懷孕婦女使用 mirtazapine 資料有限，這些有限的資料中並未顯示會增加先天畸形的風險。動物試驗沒有發現任何臨床相關的致畸形作用，但已發現具發育毒性。
3. 若使用 mirtazapine 至生育前或生育時，建議在產後監測新生兒，是否發生可能的停藥反應。

授 乳 期： 1.不建議哺乳中婦女使用 Mirtazapine。
2.動物試驗與有限的人體試驗數據顯示，有極少量的 mirtazapine 會分泌於母乳中。