

56:28.36 Proton-pump Inhibitors

Esomeprazole

【ONEX】Nexium[®] (Esomeprazole Magnesium) 40mg/Tab

ATC Code : A02BC05

中文名：耐適恩錠 «阿斯特捷利康»

適應症：1. 糜爛性逆流性食道炎之治療、胃食道逆流性疾病之症狀治療。2. 與適當之抗菌劑療法併用，以根除幽門螺旋桿菌，及治療由幽門螺旋桿菌引發之十二指腸潰瘍。3. NSAID 治療相關之胃潰瘍的治療。4. Zollinger-Ellison Syndrome (ZES) 之治療。5. 預防消化性潰瘍再出血之治療。

藥理分類：Proton Pump Inhibitor.

用法用量：Administration:

Orally, taken at least 1 hour before a meal.

Indications and dosage regimen:

Gastroesophageal Reflux (GERD):

—GERD Without Erosive Esophagitis:

20 mg QD x 4 weeks; may be given an additional 4 weeks of therapy. Chronic PPI therapy may be appropriate.

—Treatment of Erosive Esophagitis:

Initial: 40 mg QD for 4 weeks; if incomplete healing, may continue for an additional 4 weeks;

—Maintenance of Healing of Erosive Esophagitis:

20 mg QD; not studied > 6 months.

Risk Reduction of NSAID- Associated Gastric Ulcer:

20 mg or 40 mg QD for up to 6 months.

Duodenal Ulcer:

—Helicobacter pylori eradication:

- **Clarithromycin triple regimen:** 20 to 40 mg BID in combination with clarithromycin 500 mg BID and either amoxicillin 1 g BID or metronidazole 500 mg TID; continue regimen for 14 days.
- **Bismuth quadruple regimen:** 20 mg BID in combination with tetracycline 500 mg QID, metronidazole 250 mg QID or 500 mg 3 or 4 times daily, and either bismuth subcitrate 120 to 300 mg QID or bismuth subsalicylate 300 mg QID; continue regimen for 10 to 14 days.
- **Concomitant regimen:** 20 mg BID in combination with amoxicillin 1 g BID, clarithromycin 500 mg BID, and either metronidazole or tinidazole 500 mg BID; continue regimen for 10 to 14 days.
- **Sequential regimen:** 20 mg BID plus amoxicillin 1 g BID for 5 to 7 days; then continue esomeprazole along with clarithromycin 500 mg BID, and either metronidazole or tinidazole 500 mg BID for 5 to 7 days.
- **Hybrid regimen:** 20 mg BID plus amoxicillin 1 g BID for 7 days; then continue esomeprazole and amoxicillin along with clarithromycin 500 mg BID, and either metronidazole or tinidazole 500 mg BID for 7 days.
- **Levofloxacin triple regimen:** 20 mg BID in combination with amoxicillin 1 g BID and levofloxacin 500 mg QD; continue regimen for 10 to 14 days.

Dosage adjustment:

Should not exceed 20 mg QD in patients with severe hepatic impairment.

Safety and efficacy not established in children \leq 18 yrs

不良反應： 頭痛、腹瀉、噁心、腹脹、腹痛、便秘、口乾等。

交互作用：

- Rifampicin, rifapentine, St John's Wort: ↓ serum level of Esomeprazole.
- Clarithromycin, itraconazole, ketoconazole, atazanavir, indinavir, ritonavir, voriconazole: ↑ serum level of Esomeprazole.
- Clopidogrel: diminish the antiplatelet effect of Clopidogrel.
- Erlotinib: ↓ the serum concentration of Erlotinib.

注意事項：

1. 口服藥應於飯前至少 1 小時整粒以液體吞服；本品為腸溶錠，不可嚼碎或研磨服用。
2. 有吞嚥困難的病人，可將藥錠置入半杯**非碳酸類**的水中，且不可使用他種液體，因為藥錠的腸衣膜可能因此溶解。同時攪拌直到藥錠崩散，並立即或在**30 分鐘之內**將水連同小藥球喝下。再將半杯水加入杯中沖洗並喝下，小藥球不可咬碎或壓碎。
3. 對於無法吞嚥的病人，本錠劑可用非碳酸飲料沖泡，並且經由胃管給藥。
4. 經胃管給藥：將本劑放在適當的注射器中，注入水約 25 mL 及空氣約 5 mL（有些胃管需用 50 mL 水沖泡，以免小藥粒堵塞胃管。）立即振搖注射器約 2 分鐘以崩散藥錠。請存放於原包裝之內以避免潮濕。

懷 孕 期：1. Recommendations for the treatment of GERD in pregnancy are available.
2. Based on available data, PPIs may be used when clinically indicated (use of an agent with more data in pregnancy may be preferred) (*Body 2016; Matok 2012; Pasternak 2010; van der Woude 2014*).

授 乳 期：目前並不知道 esomeprazole 是否會由人類乳汁中排出，亦未曾對授乳婦進行研究。因此，在授乳期間不應使用。(仿單)

1. Because omeprazole is present in breast milk (Marshall 1998), it is likely that esomeprazole is present in breast milk. (*UpToDate, 2020*)
2. According to the manufacturer, the decision to continue or discontinue breastfeeding during therapy should take into account the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother. (*UpToDate, 2020*)

**全民健保藥品給付規定：依「消化性潰瘍用藥限制使用規定」辦理