Ropinirole HCl

【OREQU】Requip® 0.25mg/Tab *ATC Code：N04BC04*

中 文 名 ： 力必平膜衣錠 «GSK»

【OREQU2】Requip PD® 2mg/Tab *ATC Code：N04BC04*

中 文 名 ： 力必平持續性藥效膜衣錠 «GSK»

適 應 症 ： 治療自發性帕金森氏症(Idiopathic Parkinson's Disease)。治療原發性腳部躁動症(Primary Restless Legs Syndrome)。

藥理分類： **Anti-Parkinson Agent, Dopamine Agonist.**

用法用量： **Administration:**

1. Orally, may be administered without regard to meals; however, taking the drug with food may reduce the occurrence of nausea.

2. The Requip PD® tablets should be swallowed whole ; do not chew, crush, or split.

Safety and efficacy not established in children.

Indications and dosage regimens:

Parkinsonian Syndrome:

Initiate at a low dosage and increase slowly until the maximum therapeutic response is achieved. **MAX dose** 24 mg/day.

Table 1. Ascending-Dose Schedule for Parkinsonian Syndrome

Weeks	Daily Dosage Schedule	Total Daily Dose
1	0.25 mg TID	0.75 mg
2	0.5 mg TID	1.5 mg
3	0.75 mg TID	2.25 mg
4	1 mg TID	3 mg
After week 4		Daily may be increased by 1.5 mg daily each week up to 9 mg daily, and then by up to 3 mg daily each week to a total daily dosage of 24 mg

When ropinirole is used as an adjunct to levodopa, the levodopa dosage may be decreased gradually as tolerated.

Discontinue ropinirole therapy gradually over a period of 1 week. Reduce the frequency of administration from 3 times daily to twice daily for 4 days and then to once daily for 3 days before complete discontinuance of the drug.

Moderate-to-severe primary restless legs syndrome:

Patients were titrated based on clinical response and tolerability.

For RLS, the safety and effectiveness of doses greater than 4 mg once daily have not been established.

Table 2. Dose Titration Schedule for Restless Legs Syndrome

Day/Week	Dosage to be taken once daily, 1 to 3 hours before bedtime
Days 1 and 2	0.25 mg
Days 3-7	0.5 mg
Week 2	1 mg
Week 3	1.5 mg
Week 4	2 mg
Week 5	2.5 mg
Week 6	3 mg
Week 7	4 mg

不良反應： 接受 ropinirole 初期治療常見的不良反應包括噁心、嗜睡、腿部水腫、腹痛、嘔吐及暈厥。Ropinirole 作為輔助治療劑，最常見的不良反應包括運動困難、噁心、幻覺、消化不良及意識混淆。

交互作用：

- Concurrent use with SULPIRIDE may result in **decreased** efficacy of either drug.
- WARFARIN: may result in an increase in INR.
- METOCLOPRAMIDE: may result in **diminished** effectiveness of either drug.
- HALOPERIDOL: may result in **loss** of antiparkinson efficacy.

注意事項： 1.應告知病患，可能會發生無任何預警徵兆即突然睡著或日間嗜睡的現象。
2.由於 ropinirole 的藥理學作用，對患有嚴重心血管疾病者應小心治療。
3.目前尚未研究過 ropinirole 和抗高血壓及抗心律不整藥物並用的影響，並不確知是否可能發生低血壓、心搏徐緩或其它類型的心律不整，故 ropinirole 和這類藥物並用時應特別小心。

懷 孕 期： 1.安全資料尚不足。不建議於懷孕期間使用，除非對病人的益處高於對胎兒的風險。
2. Current guidelines note that the available information is insufficient to make a recommendation for use in pregnant women.

授 乳 期： 1.Ropinirole 不應用於授乳婦，因為它可能會抑制泌乳。
2. It is not known if ropinirole is present in breast milk.
Ropinirole inhibits prolactin secretion in humans and may potentially inhibit lactation.

使用規定： 1.如病人開始出現功能障礙，在使用 levodopa 之前或同時，得使用一種 dopamine agonist（ropinirole、pramipexole、pergolide、lisuride 及 rotigotine），或 amantadine，或是 levodopa 併用 COMT 抑制劑（entacapone：如 Comtan film-coated tab.）
2.若已同時使用上述藥物且達高劑量，仍無法達到滿意的 "on" state，或出現運動併發症（如異動症或肌強直），需合併使用多類藥物治療時，應於病歷上詳細記載理由。
3.用於治療原發性腿部躁動症時每日最大劑量為 4mg