

Propafenone HCl

【ORHY】 Rhynorm® 150mg/Tab

ATC Code : C01BC03

中文名：律諾膜衣錠 « 東生華»

適應症：心室性心搏過速、上心室性心搏過速、W-P-W 症候群 (Wolff-Parkinson-White syndrome)。

藥理分類：Antiarrhythmic Agent, Class Ic.

用法用量：**Administration:** tablet should be swallowed whole with liquid and to be administered with food.

Indications and dosage regimens:

Ventricular arrhythmias & supraventricular arrhythmias:

Initial therapy is recommended to be 150 mg every 8 hours (450 mg/day). Dosage may be increased at a minimum of 3 to 4-day intervals to 225 mg every 8 hours (675 mg/day) and, if necessary, to 300 mg every 8 hours (900 mg/day).

Wolff-Parkinson-White syndrome:

450-900 mg daily have been effective in the treatment W-P-W syndrome (Breithardt et al, 1984).

不良反應：頭昏、疲倦、頭痛、便秘、噁心、心悸、胸痛等。

注意事項：1.對於年老或心肌嚴重受損病患，在治療初期時應謹慎地逐漸增加劑量。
2.由於 propafenone 具有苦味及表面麻醉的作用，因此，此膜衣錠須於飯後合著些許液體整顆吞服(勿咀嚼)。
3.葡萄柚汁與本藥有潛在的交互作用，故應避免以葡萄柚汁送服。

交互作用：1. Propranolol, metoprolol, desipramine, cyclosporine, theophylline, digoxin：↑level of these drugs.
2. Ketoconazole, cimetidine, quinidine, erythromycin, grapefruit：↑level of propafenone.
3. Rifampin: ↓level of propafenone.
4. Fluoxetine 和 paroxetine: ↑level of propafenone.
5. **Ritonavir:** ↑serum concentration of Propafenone. **Risk X: Avoid combination.**
6. **Topotecan:** P-glycoprotein/ABCB1 Inhibitors may increase the serum concentration of Topotecan. **Risk X: Avoid combination.**
7. **VinCRISTine (Liposomal):** P-glycoprotein/ABCB1 Inhibitors may increase the serum concentration of VinCRISTine (Liposomal). **Risk X: Avoid combination**

懷 孕 期：1.尚無針對懷孕婦女進行適當及控制良好的試驗，懷孕期間除非對母親的益處大於對胎兒潛在的危險，否則不要服用本藥。propafenone 會通過胎盤障壁。
2. Propafenone may be used for the ongoing management of pregnant women with highly symptomatic supraventricular tachycardia (SVT). The lowest effective dose is recommended; **avoid use during the first trimester** if possible.

授 乳 期：1.尚不知 propafenone 是否會經由人類乳汁分泌。以有限的數據推測可能會經由人類乳汁分泌。應小心使用在授乳母親。
2. Propafenone and the 5-hydroxypropafenone metabolite are present in breast milk.
3.The decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.