Methimazole

【OTAP】Tapazole（Methimazole®）5mg/Tab *ATC Code：H03BB02*

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適應症： 甲狀腺功能過高症及甲狀腺切除術之補助治療劑。

藥理分類： **Antithyroid Agent; Thioamide.**

用法用量： **Administration :** Oral, may administer without regard to meals.

Indications and dosage regimens:

Hyperthyroidism:

－Adult: initial, 15-60 mg/day in 3 divided doses 8 hrs apart; maintenance, 5-15 mg/day.

－Child: initial, 0.4-0.7 mg/kg/day in 3 divided doses 8 hrs apart; maintenance, 50% of the initial dose; MAX 30 mg/day.

Thyrotoxic Crisis:

－Adult: 60-120 mg/day in divided doses.

No dosage adjustments are recommended in patients with renal failure.

不良反應： 皮疹、噁心、嘔吐。無顆粒細胞症、再生不良性貧血、肝毒性等。

交互作用：

- **Digoxin**: Methimazole may ↑ the serum concentration of Cardiac Glycosides.
- **PrednisoLONE** (Systemic): Methimazole may↓serum concentration of PrednisoLONE.
- **Theophylline** Derivatives: Methimazole may ↑ the serum concentration of Theophylline Derivatives.

注意事項： 1.可空腹或與食物一起服用。服藥間隔應相同(如每 8 小時一次)。

2.Methimazole 治療甲狀腺功能亢進的效果與 propylthiouracil 一樣好，但它的安全性有些許疑慮，有個案報告 methimazole 可能造成胎兒頭皮不發育(aplasia cutis)或鼻後孔/食道閉鎖，但也有研究顯示使用 methimazole 不會增加胎兒畸形的發生率。

懷 孕 期： 1. Methimazole crosses the placenta.

2. Birth defects have been observed in neonates exposed to maternal methimazole in the first trimester of pregnancy.

3. Antithyroid drugs are the treatment of choice for the control of hyperthyroidism during pregnancy, although recommendations for specific agents vary by guideline (*ACOG 2015; Alexander 2017; De Groot 2012*).

4.Dose requirements of methimazole may be decreased as pregnancy progresses. To prevent adverse pregnancy outcomes, maternal TT4/FT4 should be at or just above the pregnancy specific upper limit of normal (*Alexander 2017*).

5.懷孕婦女服用 Methimazole 會引起胎兒的傷害，此種藥物容易通過胎盤障壁，因此可能使正在發育中的胎兒產生甲狀腺腫和呆小症。懷孕期間使用最小的有效劑量，且儘可能於分娩前 2-3 週停藥。 (仿單)

授 乳 期： 1.仿單標示：服用 Methimazole 的母親不應餵乳給嬰兒；

2. Toxicity was not observed in a long-term study of breastfed infants whose mothers were receiving treatment with methimazole. The treatment of hyperthyroidism in breastfeeding women is the same as non-breastfeeding women. The lowest effective dose should be used; maternal doses of methimazole ≤20 mg/day are advised in breastfeeding women. Infants exposed to antithyroid medications via breast milk should be monitored for adequate growth and development (Alexander 2017).