Domperidone

【OMOT】Motilium（Emetrol®）10mg/Tab *ATC Code：A03FA03*

中 文 名： 癒吐寧錠 《瑞安》

適 應 症： 噁心、嘔吐的症狀治療，糖尿病引起的胃腸蠕動異常。

【TDOMP】Domper Supp.® 10mg/Supp. *ATC Code：A03FA03*

中 文 名： 吐福栓劑 《永信》

適 應 症： 無法口服情況下，用於噁心、嘔吐的症狀治療，糖尿病引起的胃腸蠕動異常。

藥理分類： Dopamine Antagonist; Gastrointestinal Agent, Prokinetic.

用法用量： **Administration:**

Tablet: orally, administer 30 minutes prior to meals.
Suppository: rectal use.

Indications and dosage regimen:

Postprandial Dyspepsia:

－Adults: Usual dose, 10 to 20 mg ORALLY up to 3 times daily, before meals and at night, symptomatically.

－Pediatric: Usual dose, 200 to 400 mcg/kg ORALLY every 4 to 8 hrs

Nausea and vomiting-Parkinson's disease:

－Adults: Usual dose, 20 mg ORALLY every 4 to 8 hours for up to 12 weeks. Usual dose, 30 to 60 mg RECTALLY every 4 to 8 hours.

Chemotherapy-induced nausea and vomiting; Prophylaxis

－Pediatric: Use in children generally not recommend-ed except for chemotherapy or radiation-induced nausea or vomiting. Usual dose, 200-400 mcg/kg ORALLY every 4-8 hrs.
RECTAL route: 35.5-45 kg, MAX 120 mg/day; 25.5-35 kg, MAX 90 mg/day; 15.5-25 kg, MAX 60 mg/day; 10-15 kg, MAX 30 mg/day.

不良反應： 頭痛、口乾、焦慮、血漿中泌乳激素(prolactin)濃度上升。

交互作用：

- Ticagrelor, isoniazid , paroxetine, galantamine, quetiapine, sulpiride, sertraline, fluoroquinolones, hydroxychloroquine, amiodarone, dronedarone, fluconazole, voriconazole, verapamil, solifenacin, alfuzosin: ↑ risk of QT interval prolongation.
- Ritonavir: ↑ domperidone exposure.

注意事項： 1.小兒（尤其 1 歲以下之乳幼兒）曾有錐體外徑症狀，應避免過量投予。而 3 歲以下之乳幼兒應避免連續使用超過 7 天。

2.本劑與 phenothiazine 系製劑（如 chlorpromazine、prochlorperazine）、butyrophenone 系製劑（如 haloperidol、Rauwolfia alkaloid）併用，會產生內分泌調節異常及錐體外徑症狀。

3.飯前半小時服用。

4.Anticholinergic agents 會減弱本劑之促胃腸蠕動之作用及胃排空時間。

禁 忌： 勿與下列藥品併用，如 ketoconazole, 強力 CYP3A4 抑制劑。

懷 孕 期： 1.對孕婦或是有可能懷孕的婦女，應在判斷投藥治療的效益遠超過危險性時，才能開具此藥。

2. Information related to use in pregnancy is limited; effects on maternal or fetal cardiac function have not been evaluated (Choi 2013).

授 乳 期： 1.會分泌至乳汁，哺乳之婦女應避免大量投予。服用本藥者，不建議親自哺乳。

2. Because of the risk of adverse events to the mother, use as a galactagogue is not currently recommended (Hondeghem 2017; Sewell 2017).