

# THYROID DISEASE TREATMENTS

Generic	Brand	Strength	Form	Dose
<b>HYPOTHYROIDISM</b>				
levothyroxine	—	100mcg, 200mcg, 500mcg	pwd for IV inj after reconstitution	<b>Adults:</b> <i>Myxedema coma:</i> individualize. Initially 300–500mcg IV once, then 50–100mcg IV once daily; switch to oral form and dose as soon as feasible. <i>Elderly, underlying CVD:</i> may need lower doses. <b>Children: Not established.</b>
	<b>Levothroid</b>	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	tabs	<b>Adults:</b> Maintenance: 100–200mcg daily. <b>Children:</b> <6mos: 8–10mcg/kg/day. 6mos–1yr: 6–8mcg/kg/day. 1–5yrs: 5–6mcg/kg/day. 6–12yrs: 4–5mcg/kg/day.
	<b>Levoxyl</b> <sup>†</sup>	25mcg, 50mcg (dye-free), 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg	scored tabs	<b>Adults:</b> <i>Primary hypothyroidism:</i> 1.6mcg/kg once daily; titrate in increments of 12.5–25mcg every 4–6wks until euthyroid and serum TSH normalized. <i>Elderly or underlying CVD:</i> initially 12.5–25mcg once daily; titrate every 6–8wks until euthyroid and serum TSH normalized. <i>Usual max 200mcg/day.</i>
	<b>Synthroid</b> <sup>†</sup>	25mcg, 50mcg (dye-free), 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	scored tabs	<i>Severe hypothyroidism:</i> initially 12.5–25mcg once daily; titrate in increments of 12.5–25mcg every 2–4wks until euthyroid and serum TSH normalized. <i>Secondary or tertiary hypothyroidism, pregnancy:</i> see full labeling. <b>Children:</b> <i>Congenital or acquired hypothyroidism:</i> 0–3mos: 10–15mcg/kg/day; 3–6mos: 8–10mcg/kg/day; 6–12mos: 6–8mcg/kg/day; 1–5yrs: 5–6mcg/kg/day; 6–12yrs: 4–5mcg/kg/day; >12yrs (growth and puberty incomplete): 2–3mcg/kg/day (growth and puberty complete): 1.6mcg/kg/day.
	<b>Thyquidity</b> <sup>*</sup>	20mcg/mL	oral soln	<i>Newborns at risk for cardiac failure:</i> initiate at lower dose; increase dose every 4–6wks as needed. <i>Risk for hyperactivity:</i> initially ¼ full replacement dose; increase by ¼ dose weekly until full dose reached.
	<b>Tirosint-Sol</b> <sup>*</sup>	13mcg/mL, 25mcg/mL, 37.5mcg/mL, 44mcg/mL, 50mcg/mL, 62.5mcg/mL, 75mcg/mL, 88mcg/mL, 100mcg/mL, 112mcg/mL, 125mcg/mL, 137mcg/mL, 150mcg/mL, 175mcg/mL, 200mcg/mL	oral soln	
	<b>Unithroid</b> <sup>†</sup>	25mcg, 50mcg (dye-free), 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	scored tabs	
liothyronine	<b>Cytomel</b>	5mcg, 25mcg, 50mcg	tabs	<b>Adults:</b> <i>Hypothyroidism:</i> initially 25mcg daily; may increase by up to 25mcg every 1–2wks; usual maintenance 25–75mcg daily. <i>Myxedema, simple goiter:</i> initially 5mcg daily; may increase by 5–10mcg daily every 1–2wks to 25mcg daily, then may increase by 5–25mcg every 1–2wks (myxedema) or by 12.5 or 25mcg daily every 1–2wks (simple goiter). <i>Maintenance:</i> myxedema: 50–100mcg/day; simple goiter: 75mcg/day. <b>Children:</b> Initially 5mcg daily; may increase by 5mcg daily every 3–4 days. <i>Cretenism:</i> maintenance dose: <1yr: 20mcg/day. 1–3yrs: 50mcg/day. >3yrs: as adult.
	<b>Triostat</b>	10mcg/mL	soln for IV inj	<b>Adults:</b> <i>Myxedema coma, precoma:</i> initially 25–50mcg; CVD: initially 10–20mcg. Usual range: 65–100mcg daily. Change to oral therapy as soon as possible: start tabs at low dose and increase gradually; discontinue IV gradually. Give with glucocorticoids. Allow 4–12hrs between doses. <b>Children: Not recommended.</b>
thyroid	<b>Armour Thyroid</b>	15mg (¼ grain), 30mg (½ grain), 60mg (1 grain), 90mg (1 + ½ grain), 120mg (2 grains), 180mg (3 grains)+, 240mg (4 grains), 300mg (5 grains)	tabs	<b>Adults:</b> Initially 30mg daily (long-standing myxedema: initially 15mg daily); increase by 15mg every 2–3wks; usual maintenance: 60–120mg daily. <b>Children:</b> <6mos: 4.8–6mg/kg/day. 6–12mos: 3.6–4.8mg/kg/day; 1–5yrs: 3–3.6mg/kg/day; 6–12yrs: 2.4–3mg/kg/day; ≥12yrs: 1.2–1.8mg/kg/day.
<b>HYPERTHYROIDISM</b>				
methimazole	—	5mg, 10mg	scored tabs	<b>Adults:</b> Initially 15–60mg daily in 3 divided doses, depending on severity of disease. Maintenance: 5–15mg daily. <b>Children:</b> Initially 0.4mg/kg daily in 3 divided doses. Maintenance: ½ initial dose.
propylthiouracil	—	50mg	scored tabs	<b>Adults:</b> Give in 3 equally divided doses every 8hrs. Initially 300mg/day. <i>Severe conditions:</i> initially 400mg/day; max 900mg/day. <i>Maintenance:</i> 100–150mg/day. <b>Children:</b> <6yrs: <b>not recommended.</b> Give in 3 equally divided doses every 8hrs. ≥6yrs: initially 50mg/day; may upward titrate based on response, TSH, and free T4 levels.
<b>THYROID EYE DISEASE</b>				
teprotumumab-trbw	<b>Tepezza</b>	500mg/vial	lyophilized pwd for IV infusion after reconstitution	<b>Adults:</b> Initially 10mg/kg followed by 20mg/kg every 3wks for 7 additional infusions. Infuse 1st two infusions over 90mins; if tolerated, may reduce subsequent infusions to 60mins. <b>Children: Not established.</b>

## NOTES

**Key:** + = scored; CVD = cardiovascular disease

\* Take in AM on empty stomach, ½ to 1hr before breakfast.

† May crush tabs and mix in 5–10mL water.

Not an inclusive list of medications or dosing details. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling.