

## Levothyroxine

Although an oral solution is available there have been issues around unpredictable/ poor control of thyroid hormones with this product. Consequently the preferred method of administration is to give tablets crushed / dissolved (see below).

**FORM** 12.5 and 25microgram tablets

**INDICATION** Treatment of congenital hypothyroidism

### DOSE RANGE

AGE	DOSE	FREQUENCY	ROUTE
Neonate with birth weight < 2.5 kg	<b>Initially 10-15 micrograms/kg.</b> (The dose should be rounded to the nearest 12.5 microgram)	ONCE daily	Oral
Neonate with birth weight ≥ 2.5 kg	<b>Initially 50 microgram</b>	ONCE daily	Oral
	Then as directed by Endocrine consultant	ONCE daily	Oral
1 month – 6 months	<b>Initially 5micrograms/kg (Max dose 50micrograms)</b> Dose should be rounded as above	ONCE daily	Oral
	Then adjust in steps of 12.5-25micrograms every 2-4 weeks until stable.	ONCE daily	Oral

### CAUTIONS, CONTRA-INDICATIONS AND SIDE EFFECTS

- See Summary of Product Characteristics and most recent edition of BNF for Children (links below)

### FURTHER INFORMATION

- Crush tablets and administer in 5ml of EBM/ formula milk
- Concurrent administration of phenytoin to babies on thyroid hormones may induce SVT.
- Levothyroxine may increase requirements for hypoglycaemic drugs and insulin.

**LICENSED STATUS** Licensed for use in all ages

**LINKS** [BNF for Children:](#) / [Electronic Medicines Compendium](#)

**APPLICABLE POLICIES** [West of Scotland Neonatal Guidelines:](#)

Consult local policy if applicable

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Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications. This monograph should be used in conjunction with the package insert, BNF for Children, and Summary of Product Characteristics. For further advice contact your clinical pharmacist or pharmacy department.