NP Thyroid® (Thyroid Tablets, USP) RX ONLY

NP Thyroid® tablets (thyroid tablets, USP) are indicated: 1. As replacement or supplemental therapy in patients with hypothyroidism, except transient hypothyroidism following the administration of radioactive iodine. Thyroid tablets may be used when the full clinical evaluation indicates resistance to thyroid hormone. Primary thyroid insufficiency, primary partial or total absence of thyroid gland, or the effects of surgery, radiation, or drugs, or without the presence of pituitary, or secondary (pituitary), or tertiary (hypothalamic) deficiencies. [See WARNINGS]. 2. At pituitary TSH suppression in the treatment or prevention of various types of euthyroid goiters, either solitary nodules, multinodular goiter, or others that are symptomatic, such as pain, tenderness, or pressure on the esophagus. [See CONTRAINDICATIONS].

CONTRAINDICATIONS: Thyroid hormone preparations are generally contraindicated in patients with diagnosed but as yet uncorrected adrenal cortical insufficiency. Thyroid preparations are contraindicated in patients with uncorrected hyperthyroidism, including those in whom the condition may be self-induced. The use of thyroid hormone in the therapy of obesity, alone or in combination with other agents, has not been shown to be effective in the treatment of obesity. In those cases where serious medical conditions, such as acute myocardial disease, exist, it may be preferable to treat the mother and not the fetus with levothyroxine sodium, and to consider the advisability of maternal hypothyroidism or hyperthyroidism. The use of levothyroxine sodium in pregnancy has not been adequately studied. Pregnancy—Category A—No confirmatory long-term studies in animals have been performed. No confirmatory long-term studies in animals have been performed. No confirmatory long-term studies in animals have been performed. No confirmatory long-term studies in animals have been performed.

Treatment of Overdosage: Should there be an overtreatment or, on the contrary, an undersupply of serum thyroid hormone, levothyroxine sodium should be prescribed according to clinical judgment. Treatment of overdose should be carried out in the same manner as in patients with hyperthyroidism by administration of anticoagulants or thyroid-blocking agents. Management of overdose includes both the therapeutic administration of anticoagulants or thyroid-blocking agents and the removal of the remaining levothyroxine sodium from the patient's body. Levothyroxine sodium can be removed by dialysis or hemoperfusion. The use of glaucoma or intravenous insulin, is mandatory in such patients. 4. In case of concomitant oral anticoagulant therapy, the prothrombin time should be measured frequently to determine if the anticoagulant therapy should be continued to the same extent or be reduced. The prothrombin time should be closely monitored in thyroid-treated patients on oral anticoagulants and dosage of the latter agents adjusted on the basis of frequent prothrombin time determinations. In infants, excessive doses of levothyroxine sodium preparations may produce toxic manifestations.

Cholestryramine — will be required. No special precautions appear to be necessary when oral anticoagulant therapy is begun in a patient already stabilized on maintenance thyroid hormone. Drug Interactions — Oral Anticoagulants — Thyroid hormones appear to increase catabolism of vitamin K-dependent clotting factors. If oral anticoagulants are concurrently administered, prothrombin time should be checked frequently in the patient in order to determine if dosage changes are necessary.

Nonsteroidal anti-inflammatory agents may have differential effects on thyroid function, and may accentuate or prevent the suppression of TSH by levothyroxine. Estrogens tend to increase serum thyroxine-binding globulin (TBG). In a patient with a nonfunctioning thyroid gland who is receiving thyroid replacement therapy, free levothyroxine may be decreased when estrogens are started thus increasing thyroid requirements. However, if the child is already receiving the maximum dose of levothyroxine that is safe for the child, the dosage of levothyroxine may need to be increased by about 30% when the patient starts estrogen therapy. Estrogen, Oral Contraceptives — Estrogen, oral contraceptives increase TBG concentrations. TBG may also be increased during infectious hepatitis. Treatment of levothyroxine toxicosis should be carried out in the same manner as in patients with hyperthyroidism by administration of anticoagulants or thyroid-blocking agents and the removal of levothyroxine from the patient's body.