Feline Hyperthyroidism: **Medical Treatment**

FELIMAZOLE®

Diagnosis of Feline Hyperthyroidism

- tT4 clearly increased (>100 nmol/L (>8 µg/dL)) and no CKD
  - Methimazole 2.5 mg PO BID or Carbimazole (sustained-release tablets) 15 mg PO SID
- tT4 moderately increased (<100 nmol/L (<8 µg/dL)) and no CKD
  - Methimazole 1.25 mg PO BID* or Carbimazole (sustained-release tablets) 10 mg PO SID
- IRIS Stage 1 or 2 CKD
  - Methimazole 1.25 mg PO BID* or Carbimazole (sustained-release tablets) 10 mg PO SID
  - Follow IRIS guidelines for management of CKD
- IRIS Stage 3 or 4 CKD
  - Initiate therapy at lowest possible dose*
  - Follow IRIS guidelines for management of CKD

Side effects?**

- Yes, severe (e.g. facial pruritus/ excoriation, hepatotoxicity (icterus/ anorexia), severe thrombocytopenia, severe leukopenia
  - **Discontinue treatment and consider other treatment options (e.g. radioactive iodine therapy, surgery, diet)**
- Yes, mild (e.g. vomiting, reduced appetite, mild leukopenia)
  - Continue treatment and closely monitor the patient. If vomiting occurs, consider reducing the dose by half and/or switching to the transdermal formulation
- **NO**
  - If cat tolerates treatment then increase dose with aim of achieving TT4 within lower half of reference interval
  - Follow IRIS guidelines for management of CKD

2–3 weeks after starting or after each dose change: total T4, CBC, liver enzymes, renal parameters, blood pressure.
TSH if iatrogenic hypothyroidism is suspected.
Once stable: **every 3–6 months*****
Adjust dose to keep T4 in the **mid-to low-normal range**

*The datasheet for thiamazole / methimazole states a starting dose of 5 mg a day which should be divided wherever possible. Any starting dose aside from this is therefore off-label and reflects author opinion.

**Report any suspected side effect / adverse event by contacting the marketing authorisation holder or relevant regulatory body.

***Refer to product datasheet for subsequent monitoring guidelines.

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