Cabergoline

Health Canada approved products:

<table>
<thead>
<tr>
<th>DIN</th>
<th>Product Name</th>
<th>Strength</th>
<th>Form</th>
<th>Wholesale Cost/Tablet*</th>
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</thead>
<tbody>
<tr>
<td>02301407</td>
<td>Co-cabergoline</td>
<td>cabergoline 0.5 mg</td>
<td>Oral tablet</td>
<td>$10.5235</td>
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<td>02242471</td>
<td>Dostinex</td>
<td>cabergoline 0.5 mg</td>
<td>Oral tablet</td>
<td>$14.0200</td>
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</tbody>
</table>

* McKesson catalogue

Health Canada indications for cabergoline:
- Treatment of hyperprolactinemic disorders, either idiopathic or due to pituitary adenomas.
- Prevention of the onset of physiological lactation in the puerperium for clearly defined medical reasons.

Options for treatment of hyperprolactinemia:

- Bromocriptine 2.5 mg oral tablet
  - Pooled analysis of 39 noncomparative studies – resolution of visual field defects in about 67%, amenorrhea in about 78%, infertility in about 53%, galactorrhea in about 86%; reduction in tumour size in about 62%; improvement in sexual function in about 67%.
  - Dosing
    - Adults
      - initial dose 1.25-2.5 mg/day orally
      - increase by 2.5 mg every 2-7 days based on serum prolactin
      - usual dose range 2.5-15 mg/day
    - Children ≥ 11 years old
      - initial dose 1.25-2.5 mg/day orally
      - increase as tolerated until therapeutic response achieved
      - usual dose range 2.5-10 mg/day
  - Common adverse effects include headache, fatigue, dizziness, nausea, and other gastrointestinal symptoms.
  - Symptomatic hypotension may occur during first few days of treatment.
  - Less effective and less well tolerated than cabergoline.

- Quinagolide (Norprolac) 75 mcg, 150 mcg oral tablets
  - Normalized prolactin levels in 50% to 100% of patients with idiopathic hyperprolactinemia or hyperprolactinemia associated with microprolactinoma, and in 40% to 70% of those with macroprolactinoma. Galactorrhea subsided in all patients treated, with restoration of menses in most. Tumor shrinkage evident in 80% to 100% of macroprolactinoma patients.
  - Dosing in adults
    - initial dose 25 mcg/day
    - increase by 25 mcg every 3 days up to 75 mcg/day
    - usual dose range 75-150 mcg/day, maximum 600 mcg/day
  - Administer once daily at bedtime with a snack.
  - The most commonly observed adverse events (>10%) reported during clinical trials were: nausea, vomiting, headache, dizziness and fatigue.
  - Small comparison studies suggest quinagolide may be somewhat less effective than cabergoline.
Options for lactation suppression:
- Breast binders and avoid nipple stimulation for breast engorgement in women who are not breastfeeding. (Data limited and inconclusive)
- No agents other than cabergoline are officially indicated for lactation suppression.
- Bromocriptine
  - May suppress postpartum lactation in women who have not breastfed or expressed breast milk.
  - 2.5 mg twice daily for 14 days equivalent to oral cabergoline 1 milligram (mg) administered once within 27 hours of delivery
  - Indication for this purpose was withdrawn because of serious side effects – hypertension, seizures, and cerebrovascular accidents, severe post-partum psychosis.
- Quinagolide
  - Very little data on efficacy and safety for this purpose. In a small open, randomized study (n=30) quinagolide once daily (50 mcg day1, 75 mcg days 2 to 14, 50 mcg to day 21) was comparable in efficacy and tolerability to bromocriptine (2.5 mg once or twice daily) in the prevention of lactation in postpartum women.9

Prepared by Karen Jensen, medSask medication information consultant.
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References: