Cabergoline

Health Canada approved products[1]:

DIN	Product Name	Strength	Form	Wholesale Cost/Tablet*
02301407	Co-cabergoline	cabergoline 0.5 mg	Oral tablet	$10.5235
02242471	Dostinex	cabergoline 0.5 mg	Oral tablet	$14.0200

* McKesson catalogue

Health Canada indications for cabergoline[2]:

- **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[3,4]:

- 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.[5]

- 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:[7,8]

- 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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