Quinagolide Discontinuation

Background

Quinagolide (Norprolac®) has been discontinued by the manufacturer.[1]

Table 1: Canadian Suppliers of Quinagolide[2]

Product	Strength	DIN	Manufacturer
Norprolac®	**0.075 mg**	**02223767**	**FEI**
	0.15 mg	**02223775**	**FEI**

Health Canada approved indications of quinagolide[3]:

- treatment of hyperprolactinemia (idiopathic or originating from a prolactin-secreting pituitary microadenoma or macroadenoma)

Management Options

Hyperprolactinemia:

Pharmacological Alternatives

A systematic review of the literature revealed improved outcomes of hyperprolactinemia following treatment with dopamine agonists. Such improvements included: resolution of visual field defects in about 67%; resolution of amenorrhea in about 78%; resolution of infertility in about 53%; resolution of galactorrhea in about 86%; reduction in tumour size in about 62%; improvement in sexual function in about 67%.[4]

- Cabergoline (Dostinex®) 0.5mg tablet
    - Cabergoline is the preferred dopamine agonist for treatment of hyperprolactinemia due to higher frequency of pituitary tumor shrinkage, greater efficacy in normalizing prolactin levels and fewer adverse effects particularly nausea.[5,6]
    - Comparative studies with quinagolide have shown similar efficacy with similar effects on serum prolactin and adenoma size.[6]
    - Dosing in adults[5]:
        - initial dose 0.25 mg orally twice weekly
        - increase by 0.25 mg orally twice weekly at 4-week interval based on serum prolactin levels up to 1 mg twice weekly
        - usual dose range is 0.25-3 mg/week (divided once or twice weekly), but up to 11 mg/week may be required
    - Common adverse effects (less common than with bromocriptine and quinagolide) include nausea, vomiting, headache, dizziness, fatigue, anxiety, depression.[5]

- Bromocriptine 2.5 mg oral tablet
    - Less effective and less well tolerated than cabergoline.[5,6]
    - Dosing[5]: Administer once daily at bedtime with a snack.
        - 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.[5]
        - Symptomatic hypotension may occur during first few days of treatment.[5]

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