Quinagolide

Core Safety Profile

Tablets, 25 µg, 50 µg, 75 µg and 150 µg

4.3 Contraindications

Severely impaired hepatic or renal function. Hypersensitivity to the active substance or to any of the excipients.

4.4 Special warnings and precautions for use

Hyperprolactinaemia may be physiological (pregnancy, lactation) as well as be due to other causes among others tumours in hypothalamus or pituitary gland and a number of drugs. Therefore it is important that the specific cause to a hyperprolactinaemia is explained as far as possible and that causal therapy is initiated.

Since orthostatic hypotension may result in syncope in rare cases, it is recommended to check blood pressure both lying and standing during the first days of therapy and following dosage increases. Moreover, orthostatic blood pressure changes with reflex increases in heart rate might be relevant for patients with severe heart diseases.

In women suffering from prolactin-related fertility disorders, fertility may be restored by treatment with NORPROLAC. Women of child-bearing age who do not wish to conceive should therefore be advised to practice a reliable method of contraception.

In a few cases, including patients with no previous history of mental illness, treatment with NORPROLAC has been associated with the occurrence of acute psychosis, usually reversible upon discontinuation. Particular caution is required in patients who have had psychotic episodes in their previous history.

To date no data is available with the use of NORPROLAC in patients with impaired renal or hepatic function.

NORPROLAC has been associated with somnolence. Other dopamine agonists have been associated with sudden sleep onset episodes, particularly in patients with Parkinson’s disease. Patients must be informed of this and advised to be cautious while driving or operating machines during treatment with NORPROLAC.

Patients who have experienced somnolence must not drive or operate machines. Furthermore, a reduction of dosage or termination of therapy may be considered.

No interaction studies have been performed with quinagolide and caution is therefore recommended if NORPROLAC is combined with other medicinal products (see section 4.5).

Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

The tolerability of NORPROLAC may be reduced by alcohol.

Pathological gambling, increased libido and hypersexuality have been reported in patients treated with dopamine agonists for Parkinson's disease.

A limited number of elderly patients have been treated for pituitary adenomas and rheumatoid arthritis with quinagolide at doses ranging from 50 – 300 µg/day. The duration of treatment ranged from 6 – 93 months and the treatment was well-tolerated.

A limited number of children aged 7-17 years have been treated with NORPROLAC for prolactinoma, at doses ranging from 75 – 600 µg/day. The duration of treatment ranged from 1 – 5 years and the treatment was well-tolerated.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed and no interactions between NORPROLAC and other drugs have so far been reported. On theoretical grounds, a reduction of the prolactin-lowering effect could be expected when drugs (e.g. neuroleptic agents) with strong dopamine antagonistic properties are used concomitantly.

As the potency of quinagolide for 5-HT_1 and 5-HT_2 receptors is some 100 times lower than that for D_2 receptors, an interaction between NORPROLAC and 5-HT_{1a} receptors is unlikely. However, care should be taken with concomitant use of medication interfering with these receptors.

Due to limited data available with respect to the enzyme(s) involved in the metabolism of quinagolide, potential pharmacokinetic interactions are difficult to predict. Data is also lacking regarding the potential for quinagolide to affect the pharmacokinetics of other medicinal products, e.g. via enzyme inhibition. Caution is therefore recommended if NORPROLAC is combined with other medicinal products, in particular with drugs known to be potent inhibitors of drug-metabolising enzymes.

The tolerability of NORPROLAC may be reduced by alcohol.

4.6 Pregnancy and lactation

Pregnancy: Animal data provide no evidence that NORPROLAC has any embryotoxic or teratogenic potential, but clinical experience in pregnant women is limited.

In patients wishing to conceive, NORPROLAC should be discontinued when pregnancy is confirmed, unless there is a medical reason for continuing therapy. No increased incidence of abortion has been observed following withdrawal of the drug at this point.

If pregnancy occurs in the presence of a pituitary adenoma and NORPROLAC treatment has been stopped, close supervision throughout pregnancy is essential.

Lactation: Breast-feeding is usually not possible since NORPROLAC suppresses lactation. If lactation should continue during treatment, breast-feeding cannot be recommended because it is not known whether quinagolide passes into human breast milk.

4.7 Effects on ability to drive and use machines

Treatment with NORPROLAC may, in some patients, impair the ability to react during the first days of treatment. This has to be taken into consideration when sharpened alertness is demanded, e.g. when driving. Patients being treated with NORPROLAC and presenting with somnolence and/or sudden sleep onset episodes must be advised not to drive or engage in activities where impaired alertness may put themselves or others at risk of serious injury or death (e.g. operating machines) until these episodes or the somnolence have ceased.

See also section 4.4

4.8 Undesirable effects

Most adverse reactions are dose-dependent and transient. The adverse reactions are seldom sufficiently serious to require discontinuation of treatment.

MedDRA Organ Class	**Very common (>10%)**	**Common (1-10%)**	**Rare (0.01-0.1%)**
Metabolism and	-	Anorexia	-

nutrition disorders			
Psychiatric disorders	-	Insomnia	Reversible acute psychosis
Nervous system disorders	Dizziness, headache	-	Somnolence
Vascular disorders	-	Orthostatic hypotension	-
Respiratory, thoracic and mediastenal disorders	-	Nasal congestion	-
Gastrointestinal disorders	Nausea, vomiting	Abdominal pain, constipation, diarrhoea	-
Musculoskeletal, connective tissue and bone disorders	-	Muscular weakness	-
General disorders and administration site conditions	Fatigue	-	-

Patients treated with dopamine agonists for treatment of Parkinson's disease, especially at high doses, have been reported as exhibiting signs of pathological gambling, increased libido and hypersexuality, generally reversible upon reduction of the dose or treatment discontinuation.

Orthostatic hypotension reported following use of NORPROLAC, rarely can result in syncope.

The risk of hypersensitive reactions could not be excluded.

4.9 Overdose

Limited experience of overdose. It would be expected to cause nausea, vomiting, headache, dizziness, drowsiness, hypotension, hallucinations. Treatment of overdose should be symptomatic. If justified stomach wash-out or carbon.