

## **BROMOCRIPTINE:**

**Class:** Anti-Parkinson's Agent, Dopamine Agonist; Antidiabetic Agent

**Indications:** Treatment of hyperprolactinemia, infertility, or hypogonadism.

Treatment of prolactin-secreting adenomas.

Treatment of acromegaly.

Treatment of Parkinson's disease.

**Available dosage form in the hospital:** 2.5MG TAB

**Trade Names:**

**Dosage:**

**-Acromegaly:** Oral: Initial: 1.25-2.5 mg daily increasing by 1.25-2.5 mg daily as necessary every 3-7 days; usual dose: 20-30 mg/day (maximum: 100 mg/day)

**-Hyperprolactinemia:** Oral: Initial: 1.25-2.5 mg/day; may be increased by 2.5 mg/day as tolerated every 2-7 days until optimal response (range: 2.5-15 mg/day)

**-Parkinsonism:** Oral: 1.25 mg twice daily, increased by 2.5 mg/day in 2- to 4-week intervals as needed (maximum: 100 mg/day)

**-Type 2 diabetes (Cycloset®):** Oral: Initial: 0.8 mg once daily; may increase at weekly intervals in 0.8 mg increments as tolerated; usual dose: 1.6-4.8 mg/day (maximum: 4.8 mg/day)

**-Neuroleptic malignant syndrome (unlabeled use):** Oral: 2.5 mg (orally or via gastric tube) every 8-12 hours, increased to a maximum of 45 mg/day, if needed; continue therapy until NMS is controlled, then taper slowly (Gortney, 2009; Strawn, 2007)

### **Renal Impairment:**

No dosage adjustment provided in manufacturer's labeling (has not been studied).

### **Hepatic Impairment:**

No dosage adjustment provided in manufacturer's labeling. However, adjustment may be necessary due to extensive hepatic metabolism

### **Common side effect:**

Central nervous system: Dizziness, fatigue, headache

Gastrointestinal: Constipation, nausea

Neuromuscular & skeletal: Weakness

Respiratory: Rhinitis

**Pregnancy Risk Factor:** B