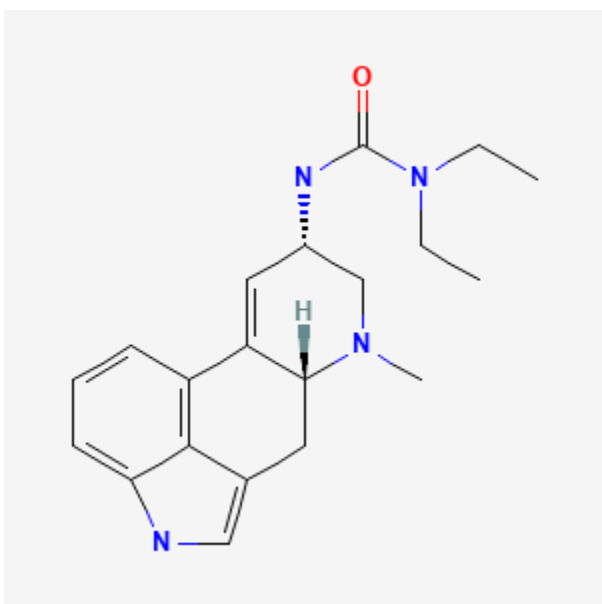




Lisuride

Revised: July 19, 2021.

CASRN: 18016-80-3



Drug Levels and Effects

Summary of Use during Lactation

Lisuride is not approved for marketing in the United States by the U.S. Food and Drug Administration, but is available in other countries. It lowers serum prolactin and is approved in some countries for lactation suppression. Some experts recommend lisuride as a safer alternative to bromocriptine for lactation suppression, but others recommend avoiding all lactation suppressants.[1,2] Data are insufficient recommend one treatment for lactation suppression over another.[3]

Drug Levels

Maternal Levels. Relevant published information was not found as of the revision date.

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Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Effects on Lactation and Breastmilk

Lisuride suppresses serum prolactin increases in a dose-related fashion.[4,5] Comparative studies have found lisuride comparable in efficacy to bromocriptine, although rebound lactation occurred in more patients treated with lisuride 0.4 mg daily than in those treated with bromocriptine 5 mg daily.[6,7] Rebound lactation appears to be less with a higher dose of 0.6 mg daily and with 15 days of therapy rather than 10 days.[8,9]

Alternate Drugs to Consider

(Hyperprolactinemia) [Bromocriptine](#), [Cabergoline](#)

References

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Substance Identification

Substance Name

Lisuride

CAS Registry Number

18016-80-3

Drug Class

Breast Feeding

Lactation

Antiparkinson Agents

Dopamine Agonists

Serotonin Receptor Agonists