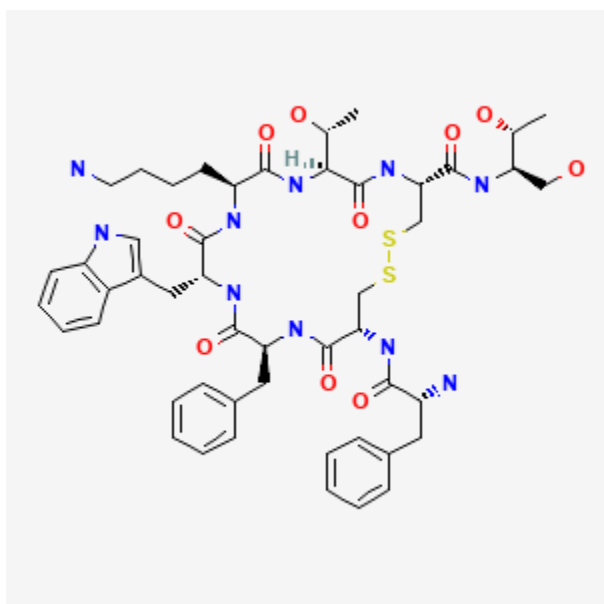




## Octreotide

Revised: November 30, 2022.

CASRN: 83150-76-9



## Drug Levels and Effects

### Summary of Use during Lactation

The excretion of octreotide into breastmilk has not been studied. However, because it has a high molecular weight of 1019 daltons it is likely to be poorly excreted into breastmilk. It is poorly absorbed orally and has been safely administered directly to infants by injection, so it is unlikely to adversely affect the breastfed infant.[1] At least 3 infants have been successfully breastfed with no adverse effects reported. Until more data are available, octreotide should be used in nursing mothers with careful infant monitoring, especially if the infant is under 2 months of age.

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## Drug Levels

*Maternal Levels.* A woman with acromegaly became pregnant while taking octreotide. During pregnancy she increased her dose to octreotide doses up to 100 mcg injected every 1 to 2 hours (1200 to 2400 mcg/daily) to keep herself free from headaches. The concentration of octreotide in her colostrum was 4.6 mcg/L. The dose at the time of sampling and exact timing of the sample were not provided.[2]

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

## Effects in Breastfed Infants

One mother was treated for acromegaly during pregnancy and postpartum with octreotide (dose not stated). She breastfed (extent not stated) her infant for 4 months with no apparent problems noted in the infant.[3]

A woman with acromegaly took long-acting octreotide (Sandostatin LAR; dose not stated) every 6 weeks postpartum while breastfeeding. At 6 months postpartum, the frequency of the injections was increased to every 4 weeks. She breastfed her infant (extent not stated) for 12 months. At age 5 years the child had developed normally.[4]

## Effects on Lactation and Breastmilk

A pregnant woman with acromegaly started long-acting octreotide 10 mg monthly at 12 weeks gestation. After delivery, she breastfed her until 6 weeks postpartum when she required an increase in octreotide LAR to 20 mg monthly. She continued to breastfeed successfully on octreotide.[5]

## References

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3. Colao A, Merola B, Ferone D, et al. Acromegaly. *J Clin Endocrinol Metab.* 1997;82:2777–81. PubMed PMID: 9284694.
4. Babińska A, Olszewska H, Sworczak K. Safe treatment with somatostatin analogues in a woman with acromegaly whilst pregnant and lactating. *Neuro Endocrinol Lett* 2021;42:433-7. 34969186 and personal communication with the author.
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## Substance Identification

### Substance Name

Octreotide

### CAS Registry Number

83150-76-9

### Drug Class

Breast Feeding

Lactation

Milk, Human

Antineoplastic Agents, Hormonal

Gastrointestinal Agents

Somatostatin Analogs