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| **BNF Drug** | **Use with Breast feeding** | **CommentsFurther Information** | **SuitableAlternative(s)** | **Evidence Links** |
| **2.9a Drugs for peripheral vascular disease** | Pentoxifylline is the preferred choice during breastfeeding for the treatment of intermittent claudication in patients with peripheral vascular disease (PVD). However, pentoxifylline is not recommended by NICE for this indication. Naftidrofuryl is endorsed by NICE for PVD, which needs to be taken into consideration. **<br>**Naftidrofuryl, inositol nicotinate and moxisylate can be used for treating Raynaud’s syndrome during breastfeeding, although nifedipine is the preferred choice. |
| **Cilostazol** | **No** | Indicated for intermittent claudicationNo published evidence of safetySerious adverse effects reported in adults | Pentoxyifyline  |  Bibliography |
| **Inositol nicotinate** | **Caution** | Indicated for intermittent claudication (IC) and Raynaud’s syndrome (RS)No published evidence of safety | Pentoxyifyline (IC); Nifedipine (RS) | Bibliography |
| **Moxisylyte <br><i>***(thymoxamine)</*i> | **Caution** | Synonym: ThymoxamineIndicated for Raynaud’s syndromeNo published evidence of safety | Nifedipine | Bibliography  |
| **Naftidrofuryl** | **Caution** | Indicated for intermittent claudication (IC) and Raynaud’s syndrome (RS)No published evidence of safety | Pentoxyifyline (IC); Nifedipine (RS) | Bibliography |
| Oxerutins | **Yes** | No published evidence of safetyOnly rare and minor adverse effects after adult useAnimal data indicates negligible levels in breast milk | **-** | Bibliography |
| Pentoxifylline <br><i>*(****Oxpentifylline*)**</i>**** | **Yes** | Synonym: OxpentifyllineIndicated for intermittent claudicationLimited published evidence of safetySmall amounts in breast milk | **-** | Bibliography  |
| **Key:** | **No** | **Caution** | **Yes** |  | New entry | SPS only change | Non-standard comment |

Bibliography link:

http://www.midlandsmedicines.nhs.uk/content.asp?ContentID=171&section=6&subsection=17&pageidx=6

### Author notes:

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| **Cilostazol** | **LactMed** | No entry |
| **Hale** | No entry |
| **Briggs** | No Human Data—Potential Toxicity. No reports describing the use of cilostazol during human lactation have been located. The molecular weight (about 369) suggests that the drug will be excreted into breast milk. The effect on a nursing infant from exposure to cilostazol in milk is unknown. Because of the potential for severe adverse effects (not specified), breastfeeding is not recommended. |
| **SPC** | **Pletal**: The transfer of cilostazol to breast milk has been reported in animal studies. The excretion of cilostazol in human milk is unknown. Due to the potential harmful effect in the newborn child breast fed by a treated mother, the use of Pletal is not recommended during breast feeding. |
| **Inositol nicotinate** | **LactMed** | No entry |
| **Hale** | No entry |
| **Briggs** | No entry |
| **SPC** | **Hexopal** Nil re BF. Side effects are uncommon, but may include flushing, dizziness, headache, nausea, vomiting, syncope, paraesthesia, rash, oedema, and postural hypotension. |
| **Moxisylyte** | **LactMed** | No entry |
| **Hale** | No entry |
| **Briggs** | No entry |
| **SPC** | **Opilon:** The safety of Opilon tablets for use during pregnancy and lactation has not been established.- should not, therefore, be used by women who are pregnant or breastfeeding.A/E:Occasionally, mild nausea, diarrhoea, vertigo, headache, facial flushing and rash. These are, however, rare and transient. Rare reports of hepatotoxicity, including hepatitis and cholestatic jaundice, which are reversible on stopping treatment. |
| **Naftidrofuryl** | **LactMed** | No entry |
| **Hale** | No entry |
| **Briggs** | No entry |
| **SPC** | **(Actavis):** In the absence of specific data concerning the excretion of the drug in human milk, Naftidrofuryl should not be used by breast-feeding women.Naftidrofuryl is normally well tolerated in the dosage recommended. Occasionally nausea, epigastric pain, diarrhoea and rashes. Rarely hepatitis and hepatic failure. |
| **Pentoxifylline** | **LactMed** | Limited data indicate that pentoxifylline is poorly excreted into breastmilk. It would not be expected to cause any adverse effects in breastfed infants, especially if the infant is older than 2 months. |
| **Hale** | Methylxanthine derivative similar in structure to caffeine. Extensively metabolized although the metabolites do not have long t1/2. In a group of 5 breastfeeding women who received a single 400 mg dose, the mean milk/plasma ratio was 0.87 for the parent compound. The M/P ratios for the metabolites were lower: 0.54, 0.76, and 1.13. Average milk concentration at 2h post dose was 73.9 µg/L. T1/2=0.4-1.6h. Oral bioavail=complete. Cat=L2 |
| **Briggs** | No human data – probably compatible. Excr into human milk. 1 report - n=5. Mean M/S @4h = 0.87. |
| **SPC** | Pentoxifylline passes into breast milk in minute quantities. Because insufficient experience has been gained, the possible risks and benefits must be weighed before administration of Trental 400 to breast feeding mothers. |
| **Oxerutins** | **LactMed** | No entry |
| **Hale** | No entry |
| **Briggs** | No entry |
| **SPC** | **Paroven:** In animal studies, traces of HR were found in the fetuses and in the milk of breastfeeding dams. These minor amounts of HR are of no clinical significance.Mean T1/2 18.3h |

### Governance

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| **Process** | **Date** |  | **Initials** |
| Revised | 29/01/2017 | Author | PG |
| Hardcopy checked | 02/02/2017 | Checker | SF |
| Hardcopy agreed | 13/03/2017 |
| Data entered online (UKDILAS) | 18/03/2017 | Input by | PG |
| Summary entered online (SPS) | 18/03/2017 | Input by | PG |
| Data entered online (SPS) | 18/03/2017 | Input by | PG |
| Word files added to online archive |  | Input by |  |

**Changes**

| **Version** | **Drug** | **Change** | **Chk reqd/done****YN/YN** | **Date/initials** |
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If major revision with checking save as next whole number. If minor changes with no checking save as next decimal point number