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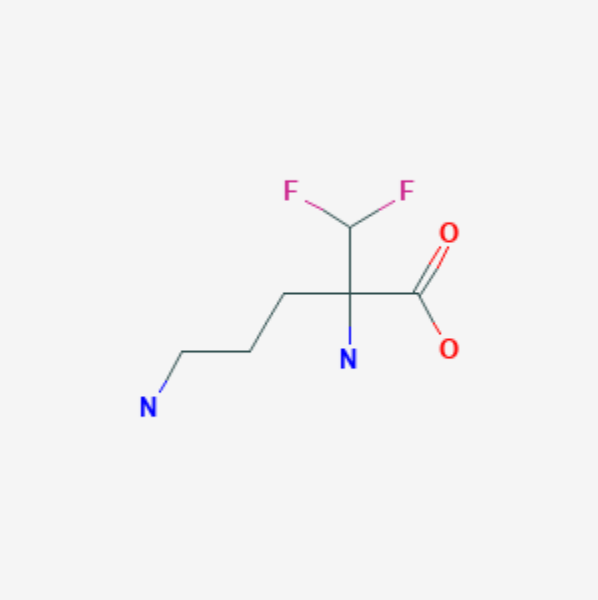
Eflornithine

Revised: December 3, 2018.

CASRN: 70052-12-9



Drug Levels and Effects

Summary of Use during Lactation

Limited information indicates that maternal intravenous eflornithine 400 mg/kg daily for 7 days does not cause any adverse serious effects in breastfed infants. Eflornithine is poorly absorbed after topical application, so it is not likely to reach the bloodstream of the infant or cause any adverse effects in breastfed infants.

Drug Levels

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

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

Effects in Breastfed Infants

A cohort of 33 infants who were breastfed (extent not stated) by hospitalized mothers taking eflornithine was followed in the Democratic Republic of the Congo. All 33 mothers received 14 doses of intravenous eflornithine 400 mg/kg daily for 7 days and 30 mothers took a full course of 30 doses of oral nifurtimox 15 mg/kg daily for human African trypanosomiasis (sleeping sickness). Nursing mothers also took a median of 4 other concomitant medications. No serious adverse events were reported in any of the breastfed infants.[1]

Effects on Lactation and Breastmilk

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

References

1. Schmid C, Kuemmerle A, Blum J et al. In-hospital safety in field conditions of nifurtimox eflornithine combination therapy (NECT) for T. b. gambiense sleeping sickness. PLoS Negl Trop Dis. 2012;6:e1920. PubMed PMID: 23209861.

Substance Identification

Substance Name

Eflornithine

CAS Registry Number

70052-12-9

Drug Class

Breast Feeding

Lactation

Antiparasitic Agents

Antiprotozoal Agents

Enzyme Inhibitors

Trypanocidal Agents