Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Promethazine Hydrochloride Tablets B.P. 10mg.

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 10 mg of Promethazine Hydrochloride

For excipients, see 6.1

3 PHARMACEUTICAL FORM

Tablets

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

As an antihistamine in the treatment of allergic conditions and reactions.
As an anti-emetic in the management of nausea and vomiting.
As a tranquilliser in the short-term management of anxiety states.

4.2 Posology and method of adminstration

Promethazine Hydrochloride Tablets are for oral use.

Adults:
The usual initial dose is 25mg at night, and this may be increased to 50 or 75mg at night if necessary. In allergic conditions more frequent administration, twice or three times daily, may be necessary, starting with one or two 10mg tablets and increasing as required, to a maximum dose of 75mg daily.

Children:
As an antihistamine in allergy and as an anti-emetic:
Children 6 - 12 years:
10 - 20mg once daily at bedtime.
In cases where two doses in 24 hours are required, the lower amount stated should be administered.

As a tranquilliser:
Children 6 - 12 years:
20 - 25mg once daily at bedtime.

Elderly:
No specific dosage recommendations, although promethazine should be used cautiously in the elderly owing to their susceptibility to drugs acting centrally on the nervous system.

4.3 Contraindications

Use in patients hypersensitive to the active ingredient. Pre-coma states, existing blood dyscrasias.

4.4 Special warnings and precautions for use

Caution should be used in patients with pre-existing coronary insufficiency and in those receiving anti-hypertensive therapy. Adjustment of dosage may be necessary to avoid postural hypotension, especially in the elderly.

As promethazine is metabolised in the liver, it should be used cautiously in patients with hepatic impairment. Prolonged treatment with this product may result in jaundice and blood dyscrasias necessitating regular monitoring of liver function and haemopoietic state.

Particular attention should also be paid to potential for inducing eye changes and myocardial conduction defects, especially if other concurrently administered drugs have potential effects on these systems.

Use of this product at high (relative or absolute) doses may induce extrapyramidal side effects eg. dyskinesia, akathisia, dystonia, especially in the presence of pre-existing brain damage. These are likely to be particularly severe in children. Children may also display paradoxical hyperexcitability.

Prolonged administration of promethazine hydrochloride may result in tardive dyskinesia, particularly in the elderly. The injectable form is intended only for short term usage. Other side effects in the elderly include anorexia, gastric irritation, palpitations, hypotension and arrhythmias. In order to minimise the possibility of the development of tardive dyskinesia, treatment should be reserved for those patients for whom it is essential, the lowest effective dosage should be used and the duration of therapy should not extend beyond that necessary for the patient.

Body temperature may fall during treatment with this product and special care should be exercised in this regard in the elderly.

Allergic and photosensitivity reactions have been reported following use of this product and exposure to strong sunlight should be avoided during treatment.

Caution should be used in epileptic patients, since central nervous stimulation may occasionally occur. Caution is also required in patients with narrow angle glaucoma, renal insufficiency, bladder-neck or pyloroduodenal obstruction.
Promethazine may interfere with immunologic urine pregnancy tests, producing either false-positive or false-negative results.

Therapy with promethazine should be discontinued at least 72 hours before commencing skin tests using allergen extracts, in order to avoid inhibition of the cutaneous histamine response and a consequent false-negative result.

As promethazine may thicken or dry lung secretions and impair expectoration, it should be used with caution in patients with asthma, bronchitis or bronchiectasis.

Promethazine may mask the warning signs of ototoxicity caused by ototoxic drugs such as salicylates.

It may also delay the early diagnosis of intestinal obstruction or raised intracranial pressure through its anti-emetic effect.

Promethazine may lower the convulsion threshold and dosage adjustment of concomitantly administered anticonvulsants may be necessary.

4.5 Interaction with other medicinal products and other forms of interaction

This product may potentiate the effects of alcohol and other central nervous system depressants. Attention is drawn to the fact that many psychotropic and anti-histamine drugs are of the phenothiazine group, and a combination of both may lead to toxicity.

Potentiation of action may also occur with monoamine oxidase inhibitors and analgesics. Promethazine should be avoided in patients taking M.A.O.I.s up to 14 days previously.

Patients, especially if they are elderly, on anti-hypertensive therapy may require adjustment of dosage to avoid postural hypotension.

Concurrent use of promethazine with other hepatotoxic medications may increase the potential for hepatotoxicity.

Concurrent use with other photosensitising medications, e.g. tetracyclines, may cause additive photosensitising effects.

4.6 Pregnancy and lactation

Because the safety of promethazine in pregnancy has not been established, it should not be used during pregnancy unless considered essential by the physician. Promethazine crosses the placenta and its use is not recommended in the two weeks prior to delivery in view of the risk of irritability and excitement in the neonate. Promethazine appears in the milk of nursing mothers receiving the drug and the risk of neonatal irritability and excitement should be considered if promethazine is administered to nursing mothers.

4.7 Effects on ability to drive and use machines

Promethazine may cause drowsiness and patients receiving it should not drive or operate machinery unless it has been shown that their physical and mental capacity remains unaffected.

4.8 Undesirable effects

Possible side effects include drowsiness, dizziness, disorientation, bradycardia, tachycardia and hypotension. Allergic and photosensitive skin reactions have been reported.

4.9 Overdose

Symptoms of severe overdosage are variable. In children, there may be various combinations of excitation, ataxia, incoordination, athetosis and hallucinations, whereas adults may become drowsy and lapse into coma. Convulsions may occur in both adults and children and may be preceded by coma or excitement. Cardiorespiratory depression is uncommon.

If the patient is seen soon enough after ingestion, it should be possible to induce vomiting with ipecacuanha despite the anti-emetic effect of promethazine. Alternatively, the stomach should be emptied by aspiration and lavage.

There is no specific antidote and treatment is symptomatic and supportive. A patent airway should be established. Attention should be directed at maintenance of adequate respiratory and circulatory status.

Convulsions should be treated with diazepam, although its benefit must be weighed against the risk of increased central depressant effects.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Promethazine is a phenothiazine derivative with a prolonged antihistamine action. It also has anti-emetic and sedative effects. Promethazine has some antimuscarinic and antiserotoninergic effects and it has marked local anaesthetic properties.

5.2 Pharmacokinetic properties

Promethazine is well absorbed after oral administration. The drug is distributed widely in the body and it enters the brain and crosses the placenta. It is metabolised in the liver and is excreted via urine and bile. The antihistamine action of promethazine has been reported to last for between 6 and 12 hours.

5.3 Preclinical safety data

No further relevant information other than that which is included in other sections of the Summary of Product Characteristics.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose
Colloidal silicon dioxide
Povidone
Magnesium stearate
Shellac
Castor oil
Anstead dispersed blue
Talc
Sugar
Methylhydroxybenazoate
Propylhydroxybenzoate
Acacia
Genklene (1,1,1 trichloroethane)
White beeswax
Carnauba wax
Maize starch

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

3 years.

6.4 Special precautions for storage

Do not store above 25°C.
Store in original container.

6.5 Nature and contents of container

Polypropylene securitainers with tamper evident polypropylene caps.
Pack sizes: 100, 500 and 1000 tablets.

7 MARKETING AUTHORISATION HOLDER

Antigen Pharmaceuticals Ltd.
Roscrea
Co. Tipperary

8 MARKETING AUTHORISATION NUMBER

PA 73/53/1

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 25th August 1981.

Date of last renewal: 25th August 2001.

10 DATE OF REVISION OF THE TEXT

April 2002.