

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Phenergan 5 mg/5 ml oral solution

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5 ml spoonful contains Promethazine Hydrochloride 5 mg

Excipients with known effect

Contains Sodium Sulphite (E221) 5.0 mg, Sodium Citrate 140.0 mg, Sodium Metabisulphite (E223) 5.0 mg, Sodium Benzoate (E211) 5.0 mg, Maltitol Liquid 4.44 g, Ethanol 0.03 mg in each 5 ml
Sodium content is 37 mg/5 ml.

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Oral Solution

A clear bright golden oral solution with an odour of oranges.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

In the treatment of allergic conditions and reactions.
As an antiemetic.

4.2 Posology and method of administration

Route of administration: Oral

Adults: The usual daily dose is 5-15 x 5ml spoonfuls (25-75mg) as a single daily dose at bedtime or in 3 divided doses (6-8 hourly), starting with the lower dose.
Maximum daily dose is 15 x 5ml spoonfuls (75mg).

Children:

Children 6-10 years:
2-5 x 5ml spoonfuls (10-25mg) once daily at bedtime Or
1-2 x 5ml spoonfuls (5-10mg) twice daily
Maximum daily dose 5 x 5ml spoonfuls (25mg)

When two doses are required in 24 hours, the lower dose should be used.

Children 2-5 years: Phenergan should not be used in children 2-5 years of age because of safety concerns (see sections 4.4, 4.8).
Children under the age of 2: Phenergan is contraindicated in children less than two years of age (see section 4.3).

4.3 Contraindications

Phenergan should not be used in patients in pre-coma states, in a coma or suffering from CNS depression of any cause. It must not be given to neonates, or premature infants.
Phenergan should not be given to patients with a known hypersensitivity to promethazine or to any of the excipients.

Phenergan should be avoided in patients with blood dyscrasias and in patients taking monoamine oxidase inhibitors up to 14 days previously.

Promethazine is contraindicated for use in children less than two years of age because of the potential for fatal respiratory depression.

Phenergan should not be administered in patients with known, documented long QT syndrome, whether acquired or congenital (see sections 4.4 and 4.5).

4.4 Special warnings and precautions for use

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

Since the drug is metabolized in the liver, promethazine should be used cautiously in patients with hepatic impairment.

Prolonged treatment with this product may result in jaundice or blood dyscrasia 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 also have potential effects on these systems.

Due to the risk of photosensitivity, exposure to the sun or ultraviolet light should be avoided during or shortly after treatment. Body temperature may fall during treatment with this product and special care should be exercised in this regard in the elderly. Promethazine should only be used cautiously in epileptic patients, since central nervous stimulation may sometimes occur. Caution should also be exercised in patients with narrow angle glaucoma, renal insufficiency, bladder-neck or pyloro-duodenal obstruction.

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 delay the elderly diagnosis of intestinal obstruction or increased intracranial pressure through the suppression of vomiting.

Promethazine may mask the warning signs of ototoxicity caused by ototoxic drugs e.g. salicylates.

There have been case reports of drug abuse with promethazine. The risk of abuse is greater in patients with a history of drug abuse.

Neuroleptic malignant syndrome: As with neuroleptics, Neuroleptic Malignant Syndrome (NMS) characterized by hyperthermia, extrapyramidal disorders, muscle rigidity, altered mental status, autonomic nervous instability and elevated CPK, may occur. As this syndrome is potentially fatal, promethazine must be discontinued immediately and intensive clinical monitoring and symptomatic treatment should be initiated.

Paediatric population

Promethazine must not be used in children below two years of age due to the potential for fatal respiratory depression (see section 4.3).

Promethazine is not recommended in children aged 2-5 years of age due to the potential for hallucination, aggression and psychomotor hyperactivity (see section 4.8).

Phenothiazines should be used with caution in patients with cardiac disease or cardiac arrhythmias. Phenergan may potentiate QT interval prolongation which increases the risk of onset of serious ventricular arrhythmias of the torsade de pointes type, which is potentially fatal (sudden death). QT prolongation is exacerbated, in particular, in the presence of bradycardia, hypokalaemia, and acquired (i.e. drug induced) QT prolongation. (See section 4.3 and 4.5)

The use of promethazine should be avoided in children and in adolescents with signs and symptoms suggestive of Reye's Syndrome.

Phenergan should not be used for longer than 7 days without seeking medical advice.

Excipients

This medicinal product contains 37mg sodium per 5ml, equivalent to 1.9% of the WHO recommended maximum daily intake of 2g sodium for an adult.

This medicinal product contains 0.03mg of ethanol in each 5ml which is equivalent to 0.006mg/ml. The amount in 5ml of this medicinal product is equivalent to less than 1ml beer or 1ml wine.

The small amount of ethanol in this medicinal product will not have any noticeable effects.

4.5 Interaction with other medicinal products and other forms of interaction

The product may potentiate the effects of alcohol and other central nervous system depressants. Alcohol should be avoided during treatment.

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. Use of promethazine should be avoided in patients taking monoamine oxidase inhibitors up to 14 days previously. Antihypertensive therapy used concurrently may need adjustment of dosage to avoid hypotension, particularly in the elderly.

Phenergan will enhance the action of any anticholinergic agent, tricyclic antidepressant, sedative or hypnotic. Promethazine may interfere with immunological urine pregnancy tests to produce false-positive or false-negative results. Phenergan should be discontinued at least 72 hours before commencing skin tests using allergen extracts, as the cutaneous histamine response may be inhibited.

Promethazine may lower the convulsion threshold. Dosage adjustment of anticonvulsant medication may be necessary.

Special caution is required when promethazine is used concurrently with drugs known to cause QT prolongation (such as antiarrhythmics, antimicrobials, antidepressants, antipsychotics) to avoid exacerbation of risk of QT prolongation.

Concurrent use of promethazine with other hepatotoxic medications may increase the potential for hepatotoxicity. Concurrent use with other photosensitizing medications, e.g. tetracyclines, may cause additive photosensitizing effects.

4.6 Fertility, pregnancy and lactation

Promethazine should be used in pregnancy only if the potential benefits to the patient are weighed against the possible risk to the foetus.

When promethazine has been given in high doses during late pregnancy, promethazine has caused prolonged neurological disturbances in the infant.

The use of Phenergan is not recommended in the 2 weeks prior to delivery in view of the risk of irritability and excitement in the neonate.

Phenergan is excreted in breastmilk. There are risk of neonatal irritability and excitement. Phenergan is not recommended for use in breastfeeding.

4.7 Effects on ability to drive and use machines

Because the duration of action may be up to 12 hours, patients should be advised that if they feel drowsy they should not drive or operate heavy machinery.

4.8 Undesirable effects

The following CIOMS frequency rating is used, when applicable:

Very common $\geq 10\%$; Common ≥ 1 and $< 10\%$; Uncommon ≥ 0.1 and $< 1\%$; Rare ≥ 0.01 and $< 0.1\%$; Very rare $< 0.01\%$; Not known (cannot be estimated from available data).

Immune System Disorders

Frequency unknown: Allergic reactions, including urticaria, rash, pruritus, and anaphylactic reaction have been reported.

SkinandSubcutaneousTissueDisorders

Frequency unknown: Photosensitivity reaction

NervousSystemDisorders

Frequency unknown: Neuroleptic Malignant Syndrome, the elderly are particularly susceptible to the anticholinergic effects and confusion due to Phenergan, somnolence, dizziness, headaches, extrapyramidal effects including muscle spasm, tic-like movements of the head and face (akathisia, dystonia, tardive dyskinesia) especially in the presence of pre-existing brain damage, psychomotor hyperactivity.

MetabolismandNutritionDisorders

Frequency unknown: Anorexia

GastrointestinalDisorders

Frequency unknown: Epigastric discomfort, dry mouth

EyeDisorders

Frequency unknown: Blurred vision

BloodandLymphaticSystemDisorders

Frequency unknown: Blood dyscrasias including haemolytic anaemia, agranulocytosis, thrombocytopenia (including thrombocytopenic purpura), eosinophilia

RenalandUrinaryDisorders

Frequency unknown: Urinary retention

PsychiatricDisorders

Frequency unknown: Infants, newborns and premature are susceptible to the anticholinergic effects of promethazine, while other children may display paradoxical hyperexcitability, restlessness, nightmares, disorientation, aggression, and hallucination.

CardiacDisorders

Frequency unknown: Palpitations, arrhythmias. QT prolongation, torsade de pointes.

The effects of phenothiazines on the heart are dose related. ECG changes, with prolongation of QT interval and T-wave changes have been reported commonly in patients treated with moderate or high dose; they are reversible on reducing the dose. In a very small percentage of cases they have been reported to precede serious arrhythmias, including ventricular tachycardia and fibrillation, which have also occurred after overdosage. Sudden, unexpected and unexplained deaths have been reported in patients receiving phenothiazines

Vascular disorders

Frequency unknown: Hypotension

Hepatobiliary disorders

Frequency unknown: Jaundice

GeneralDisordersandAdministrationSiteConditions

Frequency unknown: Tiredness.

Reportingofsuspectedadversereactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Website: www.hpra.ie

4.9 Overdose

Symptoms of severe overdosage are variable. They are characterised in children by various combinations of excitation, ataxia, incoordination, athetosis and hallucinations, while adults may become drowsy and lapse into coma. Convulsions may occur in both adults and children. Coma or excitement may precede their occurrence. Tachycardia may develop. Cardiorespiratory depression is uncommon. If the patient is seen soon enough after ingestion, it should be possible to induce vomiting with ipecacuanha despite the antiemetic effect of promethazine; alternatively, gastric lavage may be used.

Treatment is otherwise supportive with attention to maintenance of adequate respiratory and circulatory status. Convulsions should be treated with diazepam or other suitable anticonvulsant.

High doses can cause ventricular arrhythmias including QT prolongation and torsade de pointes (see section 4.8).

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Potent, long acting, antihistamine with additional anti-emetic central sedative and anticholinergic properties.

5.2 Pharmacokinetic properties

Promethazine is distributed widely in the body. It enters the brain and crosses the placenta. Promethazine is slowly excreted via urine and bile. Phenothiazines pass into the milk at low concentrations.

5.3 Preclinical safety data

No additional pre-clinical data of relevance to the prescriber.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Maltitol, liquid
Citric acid (E330)
Sodium citrate
Ascorbic acid
Sodium sulphite anhydrous (E221)
Sodium benzoate (E211)
Orange juice flavour 510844E (contains ethanol)
Caramel HT (E150)
Acesulfame potassium (E590)
Purified water
Sodium metabisulphite (E223)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

Unopened: 2 years

Use within 1 month of opening bottle.

6.4 Special precautions for storage

Do not store above 25°C. Store in the original container in order to protect from light.

6.5 Nature and contents of container

100ml Amber glass type III bottle closed with a rolled on, pilfer proof aluminium cap and a PVDC emulsion coated wad or a child proof cap with a seal containing polyvinylidene chloride packed in an outer box.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Opella Healthcare, France SAS, 157 avenue Charles de Gaulle, 92200 Neuilly-sur-Seine, France

8 MARKETING AUTHORISATION NUMBER

PA23180/011/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 1st April 1979

Date of last renewal: 1st April 2009

10 DATE OF REVISION OF THE TEXT

November 2025