AUSTRALIAN PRODUCT INFORMATION – ALLERSOOTHE (promethazine hydrochloride) tablet and elixir

1 NAME OF THE MEDICINE

Promethazine hydrochloride

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Allersoothe tablets contain 10 mg or 25 mg promethazine hydrochloride. Allersoothe Elixir contains 5 mg/5 mL promethazine hydrochloride.

Excipients with known effect:

- Tablets: Lactose monohydrate

- Elixir: Sodium benzoate

For the full list of excipients, see Section 6.1 List of excipients.

3 PHARMACEUTICAL FORM

Oral Tablets

10 mg or 25 mg: Light blue coloured, circular biconvex film coated tablets, plain on both the sides

Elixir

A clear orange syrupy liquid with banana and vanilla flavour

4 CLINICAL PARTICULARS

4.1 THERAPEUTIC INDICATIONS

Allergies: Treatment of allergic conditions including some allergic reactions to drugs, urticaria and allergic contact dermatitis, and allergic reactions to insect bites and stings.

Upper respiratory tract: Relief of excessive secretion in the upper respiratory tract as a result of hayfever and allergic rhinitis.

Nausea and vomiting: Antiemetic for vomiting from various causes, including postoperative vomiting, irradiation sickness, drug induced nausea and motion sickness.

Sedation: For short term use under the advice of a doctor or pharmacist. Do not use for more than 7 to 10 consecutive days.

Other: Promethazine has sedative effects and can be used in the symptomatic management of measles and chicken pox.

Promethazine can be used as a preanaesthetic medication for the prevention and control of post operative vomiting.

4.2 DOSE AND METHOD OF ADMINISTRATION

This product must not be used in children under 6 years of age (see Section 4.3 Contraindications and Section 4.4 Special warnings and precautions for use). This product is not suitable for children aged 6 – 12 years unless on pharmacist or medical advice (see Section 4.4 Special warnings and precautions for use).

Dosage varies according to the condition being treated and the individual's response.

Tablets

Allergic disorder

Adults: 25 to 75 mg as a single dose at night, or 10 to 20 mg two to three times daily

Children: 6 – 12 years: 10 to 25 mg as a single dose at night, or 10 mg two to three times daily

Sedation

Adults: 25 to 75 mg as a single dose at night. For short term use in adults under the advice of a doctor or pharmacist.

Travel sickness

Adults: 25 mg

Children: 6 – 12 years: 10 mg

To be taken the night before travel and repeated after 6 to 8 hours on the following day if required.

Nausea and vomiting

Adults: 25 mg every 4 to 6 hours to a maximum daily dose of 100 mg

Children: 6 – 12 years: 10 mg every 4 to 6 hours to a maximum daily dose of 25 mg

Elixir

Allergic disorder

Children: 6 - 12 years: 10 to 25 mL as a single dose at night, or 10 mL two to three times daily

Travel sickness

Children: 6 -12 years: 10 mL

To be taken the night before travel and repeated after 6-8 hours on the following day if required.

Nausea and vomiting

Children: 6 – 12 years: 10 mL every 4 to 6 hours to a maximum daily dose of 25 mL

4.3 CONTRAINDICATIONS

Promethazine is contraindicated for use in patients with a history of hypersensitivity to the drug substance, substances of similar chemical structure, other phenothiazines or

hypersensitivity to the other ingredients in the formulation. Allersoothe Elixir should not be given to patients with allergies to sodium benzoate.

Promethazine is contraindicated for use in:

- children under 6 years of age because of the potential for fatal respiratory depression, psychiatric and CNS (central nervous system) events (see Section 4.4 Special warnings and precautions for use and 4.8 Adverse Effects). Post-marketing cases of respiratory depression, including fatalities, have been reported with the use of promethazine in paediatric patients less than 6 years of age. A wide range of weight-based doses of promethazine have resulted in respiratory depression in these patients (see Section 4.4 Special warnings and precautions for use)
- lactating women
- patients taking monoamine oxidase inhibitors (MAOIs) up to 14 days previously (see Section 4.5 Interactions with other medicines and other forms of interactions)
- jaundice induced by other phenothiazine derivatives
- patients in coma or suffering from CNS depression of any cause or who have received high doses of other CNS depressants.

Refer to Section 4.5 Interactions with other medicines and other forms of interactions for additional information.

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

Caution is advised in patients with:

- cardiovascular disease
- acute or chronic respiratory impairment as promethazine may thicken or dry lung secretions and impair expectoration
- epilepsy
- hypertensive crisis
- narrow-angle glaucoma
- stenosing peptic ulcer
- symptomatic prostatic hypertrophy
- bladder neck obstruction
- pyloroduodenal obstruction

Hypersensitivity reactions including anaphylaxis, urticaria and angioedema have been reported with promethazine use. In case of allergic reaction, treatment with promethazine must be discontinued and appropriate symptomatic treatment initiated - Section 4.5

Promethazine should be avoided in patients with Parkinson's disease, hypothyroidism, cardiac failure, pheochromocytoma, myasthenia gravis, or prostate hypertrophy, or in patients with a history of agranulocytosis.

Caution must be exercised when using H1-antihistamines such as promethazine due to the risk of sedation.

Combined use with other sedative medicinal products is not recommended (see Section 4.5).

Promethazine may delay the early 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.

Promethazine may increase the effects of alcohol. Alcohol should be avoided during treatment.

QT interval prolongation has been reported with phenothiazines.

Phenothiazine derivatives 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. If the clinical situation permits, medical and laboratory evaluations should be performed to rule out possible risk factors before initiating treatment with a phenothiazine derivative and as deemed necessary during treatment (see Section 4.8 Adverse effects (Undesirable effects).

Refer to 'Section 4.5 Interactions with other medicines and other forms of interactions' for additional information.

Prolonged administration of any phenothiazine may result in tardive dyskinesia, particularly in the elderly and children.

Alcohol and alcohol-containing medicines should be avoided while on this medicine (see Section 4.5).

Phenothiazines may be additive with, or may potentiate the action of, other CNS depressants such as opiates or other analgesics, barbiturates or other sedatives, general anesthetics, or alcohol.

As agranulocytosis has been reported, regular monitoring of the complete blood count is

recommended. The occurrence of unexplained infections or fever may be evidence of blood dyscrasia (see Section 4.5), and requires immediate haematological investigation.

All patients should be advised that, if they experience fever, sore throat or any other infection, they should inform their physician immediately and undergo a complete blood count. Treatment should be discontinued if any marked changes (hyperleucocytosis, granulocytopenia) are observed in the blood count.

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

As with neuroleptics, Neuroleptic Malignant Syndrome (NMS) characterised 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.

Hypertensive crisis: Promethazine should be used with caution, if at all, in these patients.

Solar dermatitis has been reported following oral doses of promethazine in patients with eczema or a tendency to rheumatism.

Due to the risk of photosensitivity, exposure to the sun or ultraviolet light should be avoided during or shortly after treatment.

Epilepsy: Epileptic patients may experience increased severity of convulsions.

Use in hepatic impairment

Caution is advised in patients with hepatic insufficiency. It should be avoided in patients with liver dysfunction.

Use in renal impairment

Caution is advised in patients with renal failure or insufficiency. It should be avoided in patients with renal dysfunction.

Use in the elderly

The elderly may experience paradoxical excitation with promethazine. The elderly are more likely to have CNS depressive side effects, including confusion and are more susceptible to the antimuscarinic effects of antihistamines, including hypotension (see Section 4.3 Contraindications).

Paediatric use

This product must not be used in children under 6 years of age, due to the potential for fatal respiratory depression, psychiatric and CNS events (see Section 4.3 Contraindications and 4.8 Adverse Effects).

Caution should be exercised when administering promethazine to children 6 years of age or older because of the potential for fatal respiratory depression, including central and obstructive apnoea and reduced arousal. Respiratory depression and apnoea, sometimes fatal, are associated with promethazine even if individualized weight-based dosing is used.

Concomitant administration of other drugs with respiratory depressant effects should be avoided.

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

Excessive dosages of antihistamines in children may cause hallucinations, convulsions and sudden death. Children may experience paradoxical excitation with promethazine.

It is recommended that the lowest effective dose of Allersoothe be used in paediatric patients 6 years of age or older.

Effects on laboratory tests

No data available

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS

Promethazine will enhance the action of any anticholinergic agent, tricyclic antidepressant, sedative or hypnotic. Promethazine may cause drowsiness and will enhance the sedative effects of CNS depressants (including alcohol, barbiturates, hypnotics, opioid analgesics, anxiolytic sedatives and neuroleptics), and have additive antimuscarinic actions with other antimuscarinic drugs (atropine, tricyclic antidepressants). Interactions between promethazine and monoamine oxidase inhibitors and tricyclic antidepressants (TCAs) may prolong and intensify the anticholinergic and CNS depressive effects. Alcohol should be avoided during treatment. Combination with alcohol enhances the sedative effects of H1 antihistamines. Promethazine may interfere with immunological urine pregnancy tests to produce false-positive or false-negative results.

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

Cytochrome P450 2D6 Metabolism: Some phenothiazines are moderate inhibitors of CYP2D6. There is a possible pharmacokinetic interaction between inhibitors of CYP2D6, such as phenothiazines, and CYP2D6 substrates. Co administration of promethazine with amitriptyline/ amitriptylinoxide, a CYP2D6 substrate, may lead to an increase in the plasma levels of amitriptyline/ amitriptylinoxide. Monitor patients for dose-dependent adverse reactions associated with amitriptyline/amitriptylinoxide.

Promethazine should be avoided in patients taking monoamine oxidase inhibitors within the previous 14 days, and monoamine oxidase inhibitors should be avoided while using promethazine.

Seizure threshold-lowering drugs: Concomitant use of seizure-inducing drugs or seizure threshold lowering drugs should be carefully considered due to the severity of the risk for the patient (see Section 4.4).

Gastro-intestinal agents that are not absorbed (magnesium, aluminium and calcium salts, oxides and hydroxides): Reduced gastro-intestinal absorption of phenothiazines may occur. Such gastrointestinal agents should not be taken at the same time as phenothiazines (at least 2 hours apart, if possible).

Drugs with anticholinergic properties: Concomitant use of promethazine with drugs with anticholinergic properties enhances the anticholinergic effect.

4.6 FERTILITY, PREGNANCY AND LACTATION

Effects on fertility

There are no relevant fertility data available in animals.

Use in pregnancy

Category C

The use of promethazine is not recommended during pregnancy and in women of childbearing potential not using contraception. Promethazine should be used in pregnancy only if the potential benefits to the patient are weighed against the possible risk to the foetus. Promethazine, owing to its pharmacological effects, has caused or may be suspected of causing, harmful effects on the human foetus or neonate without causing malformations. These effects may be reversible.

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

There are no available animal studies regarding reproductive toxicity.

Use in lactation

Promethazine is excreted in breast milk. There are risks of neonatal irritability and excitement. Therefore, it should not be used for breastfeeding women.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

Promethazine considerably affects the ability to drive a vehicle and operate machines.

Promethazine may cause drowsiness, dizziness and blurred vision and can considerably affect the ability of driving a vehicle and operating machines. Drowsiness may continue the following day. Those affected should not drive or operate machinery.

4.8 ADVERSE EFFECTS (UNDESIRABLE EFFECTS)

CNS Effects

CNS depressive effects of promethazine include sedation and impaired performance (impaired driving performance, poor work performance, incoordination, reduced motor skills, and impaired information processing). Performance may be impaired in the absence of sedation and may persist the morning after a night-time dose.

The CNS stimulatory effects of promethazine may include anxiety, hallucinations, appetite stimulation, muscle dyskinesias and activation of epileptogenic foci.

High doses of promethazine may cause nervousness, tremor, insomnia, agitation, and irritability.

Anticholinergic Effects

Side effects of promethazine associated with cholinergic blockage include dryness of the eyes, mouth and nose, blurred vision, urinary hesitancy and retention, constipation and tachycardia.

More common reactions

Gastrointestinal disorders: Dry mouth, epigastric distress, loss of appetite, nausea, vomiting, constipation, diarrhoea

Nervous system disorders: Sedation or somnolence, restlessness, dizziness, lassitude, incoordination, fatigue

Eye disorders: Blurred vision

Less common reactions

Cardiovascular: Tachycardia, bradycardia, faintness

Skin and subcutaneous tissue disorders: Contact dermatitis (topical), urticaria, angioneurotic oedema, pruritus

Haematological: Leucopenia, agranulocytosis, aplastic anaemia, thrombocytopenic purpura

Nervous system disorders: Tinnitus, euphoria, nervousness, insomnia, convulsive seizures, oculogyric crises, excitation, catatonic-like states, hysteria, tardive dyskinesia

Respiratory: Marked irregular respiration

Reactions with frequency unknown

Skin and subcutaneous tissue disorders: Rash, Photosensitivity

Hepatobiliary disorders: Jaundice cholestatic

Renal and Urinary Disorders: Urinary retention

Nervous system disorders: Neuroleptic Malignant Syndrome, somnolence, dizziness, headaches, tic-like movements of the head and face, extrapyramidal symptoms including muscle spasm.

Dystonia, including oculogyric crisis, usually transitory are commoner in children and young adults, and usually occur within the first 4 days of treatment or after dosage increases. Anticholinergic effects such as ileus paralytic, risk of urinary retention, dry mouth, constipation, accommodation disorder. The elderly are particularly susceptible to the anticholinergic effects and confusion due to promethazine. Children less than 6 years of age also experienced psychomotor hyperactivity.

Immune system disorders: Allergic reactions, including anaphylactic reaction, urticaria, rash, pruritus, angioedema and anaphylactic reaction have been reported

Metabolism and nutrition disorders: Anorexia, decreased appetite

Blood and lymphatic system disorders: Blood dyscrasias including haemolytic anaemia, agranulocytosis, leukopenia, eosinophilia, thrombocytopenia (including thrombocytopenic purpura)

Psychiatric disorders: Agitation, confusional state, anxiety. Infants, newborns and premature are susceptible to the anticholinergic effects of promethazine, while other children may display paradoxical hyperexcitability, restlessness, nightmares, disorientation. Children less than 6 years of age also experienced aggression and hallucinations

Cardiac disorders: Palpitations, arrhythmias, QT Prolongation, torsade de pointes

Respiratory, thoracic and mediastinal disorders: Respiratory depression, nasal congestion

Vascular disorders: Hypotension

General disorders and administration site conditions: Tiredness

Severe or life-threatening reactions

Agranulocytosis, anaphylaxis.

Reporting suspected adverse effects

Reporting suspected adverse reactions after registration 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 at www.tga.gov.au/reporting-problems.

4.9 OVERDOSE

For information on the management of overdose, contact the Poisons Information Centre on 13 11 26 (Australia).

Symptoms of severe overdosage are variable. They are characterised in children by various combinations of excitation, ataxia, incoordination, athetosis and hallucinations, reversible intellectual disability and cognition deficit in children less than 6 years of age, 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. The chief sign of acute poisoning from ingestion of an overdose of promethazine is unconsciousness, which is commonly delayed. In addition, convulsions, hallucinations, delirium, acute anxiety, psychotic reactions, extreme hyperaesthesia and hyperalgesia with extensor plantar responses may occur. Anticholinergic action may cause tachycardia, flushed skin, dry mouth and sometimes mydriasis and urinary retention.

In adults, CNS depression is more common, with drowsiness, coma, convulsions, progressing to respiratory failure or cardiovascular collapse.

High doses can cause ventricular arrhythmias including QT prolongation and torsade de pointes (see Section 4.8 Adverse effects (Undesirable effects).

In infants and children, CNS stimulation predominates over CNS depression causing ataxia, excitement, tremors, psychoses, hallucinations, convulsions and possibly hyperpyrexia, which may be followed by deepening coma and cardiorespiratory collapse.

Treatment

Similar to that of other phenothiazines. In the event of overdose of promethazine, take all appropriate measures immediately. For information on the management of overdose, contact the Poisons Information Centre (in Australia call 13 11 26).

Symptomatic supportive therapy is indicated and maintenance of adequate ventilation should be instituted if necessary.

5 PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

Mechanism of action

Promethazine, a phenothiazine derivative, is a long-acting antihistamine with mild atropine-like anticholinergic effects and some antiserotonin effects, and because of its marked effect on the central nervous system (CNS), it acts as an antiemetic, hypnotic, tranquilliser, and a potentiator of anaesthetics, hypnotics, sedatives and analgesics.

Clinical trials

No data available

5.2 PHARMACOKINETIC PROPERTIES

Absorption

Promethazine is well absorbed after oral administration. Peak plasma concentrations are reached 2 to 3 hours after administration by this route, although there is low systemic bioavailability after oral administration, due to high first-pass metabolism in the liver.

Distribution

Promethazine crosses the blood-brain barrier and the placenta, and is distributed into breast milk. It is highly bound to plasma proteins (76-93%).

Metabolism

Promethazine undergoes extensive metabolism, predominantly to promethazine sulfoxide, and also to N-desmethylpromethazine.

Excretion

It is excreted slowly via the urine and bile, mainly as metabolites. Elimination half-lives of 5 to 14 hours have been reported. The antihistamine action has been reported to be between 4 and 12 hours.

5.3 PRECLINICAL SAFETY DATA

Genotoxicity

No data available

Carcinogenicity

No data available

6 PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

Elixir

Sodium benzoate
Propyl gallate
Citric acid
Vanillin
Banana Flavour 1786
Glycerol
Disodium edetate
Sodium citrate dihydrate
Propylene glycol
Quinolone yellow
Hyetellose
Purified water

Tablets

Lactose monohydrate
Hypromellose
Magnesium stearate
Methylcellulose
Macrogol 6000
Purified talc
Titanium dioxide
Purified water
Brilliant blue FCF aluminium lake

6.2 INCOMPATIBILITIES

Incompatibilities were either not assessed or not identified as part of the registration of this medicine.

6.3 SHELF LIFE

Tablets: 36 months

Elixir: 18 months

6.4 SPECIAL PRECAUTIONS FOR STORAGE

Tablets: Store below 30 °C. Protect from light.

Elixir: Store below 25 °C. Protect from light.

6.5 NATURE AND CONTENTS OF CONTAINER

Tablets: 10 mg and 25 mg tablets are available in packs of 50s

Elixir: 100 mL bottle

6.6 SPECIAL PRECAUTIONS FOR DISPOSAL

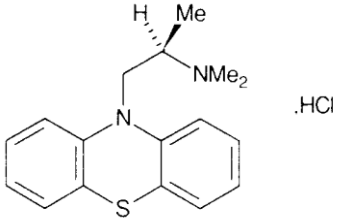
In Australia, any unused medicine or waste material should be disposed of in accordance with local requirements.

6.7 PHYSICOCHEMICAL PROPERTIES

Promethazine hydrochloride is a white or faintly yellow, practically odourless, crystalline powder. It is very soluble in water, freely soluble in alcohol and in chloroform, and practically insoluble in ether.

Chemical structure

Promethazine hydrochloride has the following structural formula:



CAS number

58–33-3

7 MEDICINE SCHEDULE (POISONS STANDARD)

Elixir, Tablets: Pharmacist Only Medicine (Schedule 3)

8 SPONSOR

AFT Pharmaceuticals Pty Ltd.
113 Wicks Road
North Ryde, NSW 2113, Australia

Email: customer.service@aftpharm.com

9 DATE OF FIRST APPROVAL

Tablets: 1/04/2009

Elixir: 29/10/2012

10 DATE OF REVISION

14 July 2025

Summary table of changes

Section changed	Summary of new information
All	PI revised in-line with the PI of reference product
4.2 and 4.3	Extension of the contraindication from children less than 2 years to children less than 6 years of age, amendment to dosing as a result.
4.8	Update to the psychiatric and central nervous system adverse events section to include aggression, hallucination and psychomotor hyperactivity in children less than 6 years of age.
4.9	Update of the overdose section to include intellectual reversible disability and cognition deficit in case of overdose in children less than 6 years of age.
4.4	Update to the warnings and precautions section to reflect the above safety information.