

Barcode = 7489 Promethazine HCl Syrup Plain Rx Only

**promethazine hcl syrup plain (Promethazine HCl Syrup Plain) syrup**  
[ANI Pharmaceuticals, Inc.]

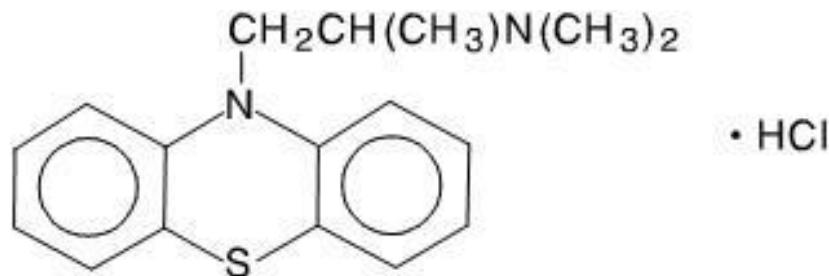
Rx Only

## **DESCRIPTION**

Each teaspoon (5 mL) of Promethazine HCl Syrup Plain contains 6.25 mg promethazine HCl in a flavored syrup base with a pH between 4.7 and 5.2. Alcohol 7%. The inactive ingredients present are artificial and natural flavors, citric acid, D&C Red 33, D&C Yellow 10, FD&C Blue 1, FD&C Yellow 6, glycerin, saccharin sodium, sodium benzoate, sodium citrate, sodium propionate, water, and other ingredients.

Promethazine HCl is a racemic compound; the empirical formula is C<sub>17</sub>H<sub>20</sub>N<sub>2</sub>S•HCl and its molecular weight is 320.88.

Promethazine HCl, a phenothiazine derivative, is designated chemically as 10H-Phenothiazine-10-ethanamine, N,N,  $\alpha$ -trimethyl-, monohydrochloride, ( $\pm$ )- with the following structural formula:



Promethazine HCl occurs as a white to faint yellow, practically odorless, crystalline powder which slowly oxidizes and turns blue on prolonged exposure to air. It is freely soluble in water and soluble in alcohol.

## **CLINICAL PHARMACOLOGY**

Promethazine is a phenothiazine derivative which differs structurally from the antipsychotic phenothiazines by the presence of a branched side chain and no ring substitution. It is thought that this configuration is responsible for its relative lack (1/10 that of chlorpromazine) of dopamine antagonist properties.

Promethazine is an H<sub>1</sub> receptor blocking agent. In addition to its antihistaminic action, it provides clinically useful sedative and antiemetic effects.

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Promethazine is well absorbed from the gastrointestinal tract. Clinical effects are apparent within 20 minutes after oral administration and generally last four to six hours, although they may persist as long as 12 hours. Promethazine is metabolized by the liver to a variety of compounds; the sulfoxides of promethazine and N-demethylpromethazine are the predominant metabolites appearing in the urine.

## **INDICATIONS AND USAGE**

Promethazine HCl Syrup Plain is useful for:

Perennial and seasonal allergic rhinitis.

Vasomotor rhinitis.

Allergic conjunctivitis due to inhalant allergens and foods.

Mild, uncomplicated allergic skin manifestations of urticaria and angioedema.

Amelioration of allergic reactions to blood or plasma.

Dermographism.

Anaphylactic reactions, as adjunctive therapy to epinephrine and other standard measures, after the acute manifestations have been controlled.

Preoperative, postoperative, or obstetric sedation.

Prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery.

Therapy adjunctive to meperidine or other analgesics for control of post-operative pain.

Sedation in both children and adults, as well as relief of apprehension and production of light sleep from which the patient can be easily aroused.

Active and prophylactic treatment of motion sickness.

Antiemetic therapy in postoperative patients.

## **CONTRAINDICATIONS**

Barcode = 7489 Promethazine HCl Syrup Plain Rx Only

Promethazine HCl Syrup Plain is contraindicated for use in pediatric patients less than two years of age.

Promethazine HCl Syrup Plain is contraindicated in comatose states, and in individuals known to be hypersensitive or to have had an idiosyncratic reaction to promethazine or to other phenothiazines.

Antihistamines are contraindicated for use in the treatment of lower respiratory tract symptoms including asthma.

## **WARNINGS**

Promethazine HCl Syrup Plain should not be used in pediatric patients less than 2 years of age because of the potential for fatal respiratory depression.

Postmarketing cases of respiratory depression, including fatalities, have been reported with use of promethazine in pediatric patients less than 2 years of age. A wide range of weight-based doses of promethazine have resulted in respiratory depression in these patients.

Caution should be exercised when administering promethazine to pediatric patients 2 years of age and older. It is recommended that the lowest effective dose of promethazine be used in pediatric patients 2 years of age and older and concomitant administration of other drugs with respiratory depressant effects be avoided.

## **CNS Depression**

Promethazine HCl Syrup Plain may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a vehicle or operating machinery. The impairment may be amplified by concomitant use of other central-nervous-system depressants such as alcohol, sedatives/hypnotics (including barbiturates), narcotics, narcotic analgesics, general anesthetics, tricyclic antidepressants, and tranquilizers; therefore such agents should either be eliminated or given in reduced dosage in the presence of promethazine HCl (see [PRECAUTIONS – Information for Patients](#) and [Drug Interactions](#)).

## **Respiratory Depression**

Promethazine HCl Syrup Plain may lead to potentially fatal respiratory depression.

Use of Promethazine HCl Syrup Plain in patients with compromised respiratory function (e.g. COPD, sleep apnea) should be avoided.

## **Lower Seizure Threshold**

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Promethazine HCl Syrup Plain may lower seizure threshold. It should be used with caution in persons with seizure disorders or in persons who are using concomitant medications, such as narcotics or local anesthetics, which may also affect seizure threshold.

## **Bone-Marrow Depression**

Promethazine HCl Syrup Plain should be used with caution in patients with bone-marrow depression. Leukopenia and agranulocytosis have been reported, usually when Promethazine HCl Syrup Plain has been used in association with other known marrow-toxic agents.

## **Neuroleptic Malignant Syndrome**

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with promethazine HCl alone or in combination with antipsychotic drugs. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis and cardiac dysrhythmias).

The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to identify cases where the clinical presentation includes both serious medical illness (e.g., pneumonia, systemic infection, etc.) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever and primary central nervous system (CNS) pathology.

The management of NMS should include 1) immediate discontinuation of promethazine HCl, antipsychotic drugs, if any, and other drugs not essential to concurrent therapy, 2) intensive symptomatic treatment and medical monitoring, and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for uncomplicated NMS.

Since recurrences of NMS have been reported with phenothiazines, the reintroduction of promethazine HCl should be carefully considered.

## **Use in Pediatric Patients**

Promethazine HCl Syrup Plain is contraindicated for use in pediatric patients less than two years of age.

Caution should be exercised when administering Promethazine HCl Syrup Plain to pediatric patients 2 years of age and older because of the potential for fatal respiratory depression. Respiratory depression and apnea, sometimes associated with death, are strongly associated with promethazine products and are

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not directly related to individualized weight-based dosing, which might otherwise permit safe administration. Concomitant administration of promethazine products with other respiratory depressants has an association with respiratory depression, and sometimes death, in pediatric patients.

Antiemetics are not recommended for treatment of uncomplicated vomiting in pediatric patients, and their use should be limited to prolonged vomiting of known etiology. The extrapyramidal symptoms which can occur secondary to Promethazine HCl Syrup Plain administration may be confused with the CNS signs of undiagnosed primary disease, e.g., encephalopathy or Reye's syndrome. The use of Promethazine HCl Syrup Plain should be avoided in pediatric patients whose signs and symptoms may suggest Reye's syndrome or other hepatic diseases.

Excessively large dosages of antihistamines, including Promethazine HCl Syrup Plain, in pediatric patients may cause sudden death (see [OVERDOSAGE](#)). Hallucinations and convulsions have occurred with therapeutic doses and overdoses of Promethazine HCl Syrup Plain in pediatric patients. In pediatric patients who are acutely ill associated with dehydration, there is an increased susceptibility to dystonias with the use of promethazine HCl.

## **Other Considerations**

Administration of promethazine HCl has been associated with reported cholestatic jaundice.

## **PRECAUTIONS**

### **General**

Drugs having anticholinergic properties should be used with caution in patients with narrow-angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction, and bladder-neck obstruction.

Promethazine HCl Syrup Plain should be used cautiously in persons with cardiovascular disease or with impairment of liver function.

## **Information for Patients**

Patients should be advised to measure Promethazine HCl Syrup Plain with an accurate measuring device. A household teaspoon is not an accurate measuring device and could lead to overdosage, especially when a half a teaspoon is measured. A pharmacist can recommend an appropriate measuring device and can provide instructions for measuring the correct dose.

Promethazine HCl Syrup Plain may cause marked drowsiness or impair the mental and/or physical

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abilities required for the performance of potentially hazardous tasks, such as driving a vehicle or operating machinery. Ambulatory patients should be told to avoid engaging in such activities until it is known that they do not become drowsy or dizzy from promethazine and dextromethorphan therapy. Pediatric patients should be supervised to avoid potential harm in bike riding or in other hazardous activities.

The concomitant use of alcohol or other central-nervous-system depressants, such as sedatives/hypnotics (including barbiturates), narcotics, narcotic analgesics, general anesthetics, tricyclic antidepressants, and tranquilizers may enhance impairment (see **WARNINGS-CNS Depression** and **PRECAUTIONS-Drug Interactions**).

Patients should be advised to report any involuntary muscle movements.

Avoid prolonged exposure to the sun.

## **Drug Interactions**

CNS Depressants – Promethazine HCl Syrup Plain may increase, prolong, or intensify the sedative action of other central-nervous-system depressants such as alcohol, sedatives/hypnotics (including barbiturates), narcotics, narcotic analgesics, general anesthetics, tricyclic antidepressants, and tranquilizers; therefore, such agents should be avoided or administered in reduced dosage to patients receiving promethazine HCl. When given concomitantly with Promethazine HCl Syrup Plain, the dose of barbiturates should be reduced by at least one-half, and the dose of narcotics should be reduced by one-quarter to one-half. Dosage must be individualized. Excessive amounts of promethazine HCl relative to a narcotic may lead to restlessness and motor hyperactivity in the patient with pain; these symptoms usually disappear with adequate control of the pain.

Epinephrine – Because of the potential for Promethazine HCl Syrup Plain to reverse epinephrine's vasopressor effect, epinephrine should NOT be used to treat hypotension associated with Promethazine HCl Syrup Plain overdose.

Anticholinergics – Concomitant use of other agents with anticholinergic properties should be undertaken with caution.

Monoamine Oxidase Inhibitors (MAOI) – Drug interactions, including an increased incidence of extrapyramidal effects, have been reported when some MAOI and phenothiazines are used concomitantly. This possibility should be considered with Promethazine HCl Syrup Plain.

## **Drug/Laboratory Test Interactions**

The following laboratory tests may be affected in patients who are receiving therapy with promethazine

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HCl:

Pregnancy Tests

Diagnostic pregnancy tests based on immunological reactions between HCG and anti-HCG may result in false-negative or false-positive interpretations.

Glucose Tolerance Test

An increase in blood glucose has been reported in patients receiving promethazine HCl.

## **Carcinogenesis, Mutagenesis, Impairment of Fertility**

Long-term animal studies have not been performed to assess the carcinogenic potential of promethazine, nor are there other animal or human data concerning carcinogenicity, mutagenicity, or impairment of fertility with this drug. Promethazine was nonmutagenic in the Salmonella test system of Ames.

## **Pregnancy**

### **Teratogenic Effects-Pregnancy Category C**

Teratogenic effects have not been demonstrated in rat-feeding studies at doses of 6.25 and 12.5 mg/kg of promethazine HCl. These doses are from approximately 2.1 to 4.2 times the maximum recommended total daily dose of promethazine for a 50-kg subject, depending upon the indication for which the drug is prescribed. Daily doses of 25 mg/kg intraperitoneally have been found to produce fetal mortality in rats.

Specific studies to test the action of the drug on parturition, lactation, and development of the animal neonate were not done, but a general preliminary study in rats indicated no effect on these parameters. Although antihistamines have been found to produce fetal mortality in rodents, the pharmacological effects of histamine in the rodent do not parallel those in man. There are no adequate and well-controlled studies of Promethazine HCl Syrup Plain in pregnant women.

Promethazine HCl Syrup Plain should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

### **Nonteratogenic Effects**

Promethazine HCl Syrup Plain administered to a pregnant woman within two weeks of delivery may inhibit platelet aggregation in the newborn.

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## **Labor and Delivery**

Promethazine HCl Syrup Plain may be used alone or as an adjunct to narcotic analgesics during labor (see [DOSAGE AND ADMINISTRATION](#)). Limited data suggest that use of Promethazine HCl Syrup Plain during labor and delivery does not have an appreciable effect on the duration of labor or delivery and does not increase the risk of need for intervention in the newborn. The effect on later growth and development of the newborn is unknown. (See also [Nonteratogenic Effects](#).)

## **Nursing Mothers**

It is not known whether promethazine HCl is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from Promethazine HCl Syrup Plain, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

## **Pediatric Use**

Promethazine HCl Syrup Plain is contraindicated for use in pediatric patients less than two years of age (see [WARNINGS –Boxed Warning](#) and [Use in Pediatric Patients](#)).

Promethazine HCl Syrup Plain should be used with caution in pediatric patients 2 years of age and older (see [WARNINGS-Use in Pediatric Patients](#)).

## **Geriatric Use**

Clinical studies of promethazine formulations did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

Sedating drugs may cause confusion and over-sedation in the elderly; elderly patients generally should be started on low doses of Promethazine HCl Syrup Plain and observed closely.

## **ADVERSE REACTIONS**

Central Nervous System – Drowsiness is the most prominent CNS effect of this drug. Sedation, somnolence, blurred vision, dizziness, confusion, disorientation, and extrapyramidal symptoms such as

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oculogyric crisis, torticollis, and tongue protrusion; lassitude, tinnitus, incoordination, fatigue, euphoria, nervousness, diplopia, insomnia, tremors, convulsive seizures, excitation, catatonic-like states, hysteria. Hallucinations have also been reported.

**Cardiovascular** – Increased or decreased blood pressure, tachycardia, bradycardia, faintness.

**Dermatologic** – Dermatitis, photosensitivity, urticaria.

**Hematologic** – Leukopenia, thrombocytopenia, thrombocytopenic purpura, agranulocytosis.

**Gastrointestinal** – Dry mouth, nausea, vomiting, jaundice.

**Respiratory** – Asthma, nasal stuffiness, respiratory depression (potentially fatal) and apnea (potentially fatal). (See [WARNINGS-Respiratory Depression.](#))

**Other** – Angioneurotic edema. Neuroleptic malignant syndrome (potentially fatal) has also been reported. (See [WARNINGS-Neuroleptic Malignant Syndrome.](#))

## **Paradoxical Reactions**

Hyperexcitability and abnormal movements have been reported in patients following a single administration of promethazine HCl. Consideration should be given to the discontinuation of promethazine HCl and to the use of other drugs if these reactions occur. Respiratory depression, nightmares, delirium, and agitated behavior have also been reported in some of these patients.

## **OVERDOSAGE**

Signs and symptoms of overdosage with promethazine HCl range from mild depression of the central nervous system and cardiovascular system to profound hypotension, respiratory depression, unconsciousness, and sudden death. Other reported reactions include hyperreflexia, hypertonia, ataxia, athetosis, and extensor-plantar reflexes (Babinski reflex).

Stimulation may be evident, especially in children and geriatric patients. Convulsions may rarely occur. A paradoxical-type reaction has been reported in children receiving single doses of 75 mg to 125 mg orally, characterized by hyperexcitability and nightmares.

Atropine-like signs and symptoms – dry mouth, fixed, dilated pupils, flushing, as well as gastrointestinal symptoms - may occur.

## **Treatment**

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Treatment of overdosage is essentially symptomatic and supportive. Only in cases of extreme overdosage or individual sensitivity do vital signs, including respiration, pulse, blood pressure, temperature, and EKG, need to be monitored. Activated charcoal orally or by lavage may be given, or sodium or magnesium sulfate orally as a cathartic. Attention should be given to the reestablishment of adequate respiratory exchange through provision of a patent airway and institution of assisted or controlled ventilation. Diazepam may be used to control convulsions. Acidosis and electrolyte losses should be corrected. Note that any depressant effects of promethazine HCl are not reversed by naloxone. Avoid analeptics which may cause convulsions.

The treatment of choice for resulting hypotension is administration of intravenous fluids, accompanied by repositioning if indicated. In the event that vasopressors are considered for the management of severe hypotension which does not respond to intravenous fluids and repositioning, the administration of norepinephrine or phenylephrine should be considered. EPINEPHRINE SHOULD NOT BE USED, since its use in patients with partial adrenergic blockade may further lower the blood pressure. Extrapyramidal reactions may be treated with anticholinergic antiparkinson agents, diphenhydramine, or barbiturates. Oxygen may also be administered.

Limited experience with dialysis indicates that it is not helpful.

## **DOSAGE AND ADMINISTRATION**

It is important that Promethazine HCl Syrup Plain is measured with an accurate measuring device (see [PRECAUTIONS-Information for Patients](#)). A household teaspoon is not an accurate measuring device and could lead to overdosage, especially when half a teaspoon is to be measured. It is strongly recommended that an accurate measuring device be used. A pharmacist can provide an appropriate device and can provide instructions for measuring the correct dose.

Promethazine HCl Syrup Plain is contraindicated for children under 2 years of age (see [WARNINGS – Boxed Warning](#) and [Use in Pediatric Patients](#)).

## **Allergy**

The average oral dose is 25 mg taken before retiring; however, 12.5 mg may be taken before meals and on retiring, if necessary. Single 25 mg doses at bedtime or 6.25 to 12.5 mg taken three times daily will usually suffice.

After initiation of treatment in children or adults, dosage should be adjusted to the smallest amount adequate to relieve symptoms.

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The administration of promethazine HCl in 25 mg doses will control minor transfusion reactions of an allergic nature.

## **Motion Sickness**

The average adult dose is 25 mg taken twice daily. The initial dose should be taken one-half to one hour before anticipated travel and be repeated 8 to 12 hours later, if necessary. On succeeding days of travel, it is recommended that 25 mg be taken on arising and again before the evening meal. For children, 12.5 to 25 mg, twice daily, may be administered.

## **Nausea and Vomiting**

Antiemetics should not be used in vomiting of unknown etiology in children and adolescents (see [WARNINGS-Use in Pediatric Patients](#)).

The average effective dose of Promethazine HCl Syrup Plain for the active therapy of nausea and vomiting in children or adults is 25 mg. When oral medication cannot be tolerated, the dose should be given parenterally (cf. Promethazine Hydrochloride Injection) or by rectal suppository. 12.5 to 25 mg doses may be repeated, as necessary, at 4 to 6 hour intervals.

For nausea and vomiting in children, the usual dose is 0.5 mg per pound of body weight, and the dose should be adjusted to the age and weight of the patient and the severity of the condition being treated.

For prophylaxis of nausea and vomiting, as during surgery and the postoperative period, the average dose is 25 mg repeated at 4 to 6 hour intervals, as necessary.

## **Sedation**

This product relieves apprehension and induces a quiet sleep from which the patient can be easily aroused. Administration of 12.5 to 25 mg Promethazine HCl Syrup Plain by the oral route at bedtime will provide sedation in children. Adults usually require 25 to 50 mg for nighttime, presurgical, or obstetrical sedation.

## **Pre- and Postoperative Use**

Promethazine HCl Syrup Plain in 12.5 to 25 mg doses for children and 50 mg doses for adults the night before surgery relieves apprehension and produces a quiet sleep.

For preoperative medication children require doses of 0.5 mg per pound of body weight in combination with an appropriately reduced dose of narcotic or barbiturate and the appropriate dose of an atropine-like

Barcode = 7489 Promethazine HCl Syrup Plain Rx Only

drug.

Usual adult dosage is 50 mg Promethazine HCl Syrup Plain with an appropriately reduced dose of narcotic or barbiturate and the required amount of a belladonna alkaloid.

Postoperative sedation and adjunctive use with analgesics may be obtained by the administration of 12.5 to 25 mg in children and 25 to 50 mg doses in adults.

Promethazine HCl Syrup Plain is contraindicated for children under 2 years of age.

## **HOW SUPPLIED**

Promethazine HCl Syrup Plain is a clear, green solution supplied as follows:

NDC 62559-7481-4 – bottle of 4 fl. oz. (118 mL)

NDC 62559-7481-6 – bottle of 16 fl. oz. (473 mL)

Keep bottles tightly closed.

Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature.]

Protect from light.

Dispense in tight, light-resistant container (USP/NF) with a child-resistant closure.



Manufactured by  
ANI Pharmaceuticals, Inc.  
Baltimore, MD 21244

501-74816-0

Rev 03/08

Promethazine HCl Syrup Plain (Promethazine HCl Syrup Plain)

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## PRODUCT INFO

Product Code	62559-7481	Dosage Form	SYRUP
Route Of Administration	ORAL	DEA Schedule	

## INGREDIENTS

Name (Active Moiety)	Type	Strength
<b>Promethazine HCl</b> (promethazine)	Active	6.25 MILLIGRAM In 5 MILLILITER
<b>Alcohol</b>	Inactive	
<b>Black currant flavor, artificial</b>	Inactive	
<b>Citric acid</b>	Inactive	
<b>D&amp;C red 33</b>	Inactive	
<b>D&amp;C yellow 10</b>	Inactive	
<b>FD&amp;C blue 1</b>	Inactive	
<b>FD&amp;C yellow 6</b>	Inactive	
<b>Glycerin</b>	Inactive	
<b>Liquid glucose</b>	Inactive	
<b>Saccharin sodium</b>	Inactive	
<b>Sodium benzoate</b>	Inactive	
<b>Sodium citrate</b>	Inactive	
<b>Sodium propionate</b>	Inactive	
<b>Water</b>	Inactive	

## IMPRINT INFORMATION

Characteristic	Appearance	Characteristic	Appearance
Color		Score	
Shape		Symbol	
Imprint Code		Coating	
Size			

## PACKAGING

# NDC	Package Description	Multilevel Packaging
<b>1</b> 62559-7481-4	4 FLUID OUNCE In 1 BOTTLE, GLASS (1 BOTTLE)	None
<b>2</b> 62559-7481-6	16 FLUID OUNCE In 1 BOTTLE, GLASS (1 BOTTLE)	None

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

**promethazine hcl and dextromethorphan hydrobromide syrup (Promethazine HCl and Dextromethorphan Hydrobromide Syrup) syrup**  
[ANI Pharmaceuticals, Inc.]

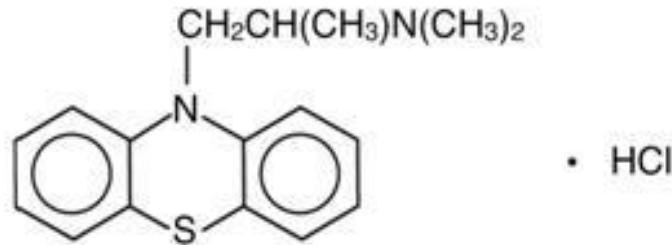
Rx Only

## **DESCRIPTION**

Each teaspoon (5 mL) of Promethazine HCl and Dextromethorphan Hydrobromide Syrup contains 6.25 mg promethazine HCl and 15 mg dextromethorphan hydrobromide in a flavored syrup base with a pH between 4.7 and 5.2. Alcohol 7%. The inactive ingredients present are artificial and natural flavors, citric acid, D&C Yellow 10, FD&C Yellow 6, glycerin, saccharin sodium, sodium benzoate, sodium citrate, sodium propionate, water, and other ingredients.

Promethazine HCl is a racemic compound; the empirical formula is C<sub>17</sub>H<sub>20</sub>N<sub>2</sub>S•HCl and its molecular weight is 320.88.

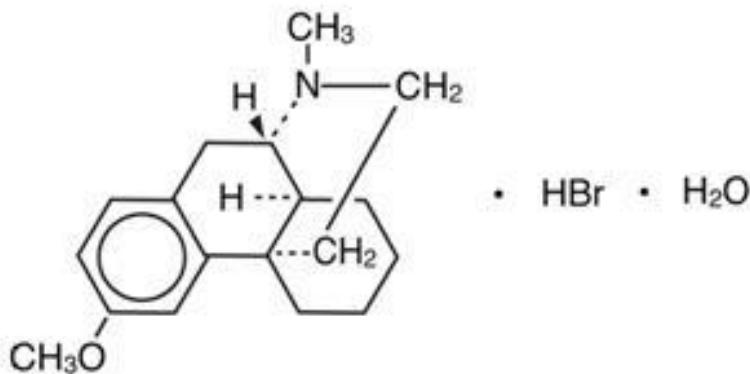
Promethazine HCl, a phenothiazine derivative, is chemically designated as 10H-Phenothiazine-10-ethanamine, N,N,  $\alpha$ -trimethyl-, monohydrochloride, ( $\pm$ )- with the following structural formula:



Promethazine HCl occurs as a white to faint yellow, practically odorless, crystalline powder which slowly oxidizes and turns blue on prolonged exposure to air. It is freely soluble in water and soluble in alcohol.

Dextromethorphan hydrobromide is a salt of the methyl ether of the dextrorotatory isomer of levorphanol, a narcotic analgesic. It is chemically designated as 3-methoxy-17-methyl-9 $\alpha$ , 13 $\alpha$ , 14 $\alpha$ -morphinan hydrobromide monohydrate with the following structural formula:

Promethazine HCl and Dextromethorphan Hydrobromide Syrup



Dextromethorphan hydrobromide monohydrate occurs as white crystals, is sparingly soluble in water, and is freely soluble in alcohol. The empirical formula is C<sub>18</sub>H<sub>25</sub>NO•HBr•H<sub>2</sub>O, and the molecular weight of the monohydrate is 370.33. Dextromethorphan HBr monohydrate is dextrorotatory with a specific rotation of +27.6 degrees in water (20 degrees C, sodium D-line).

## **CLINICAL PHARMACOLOGY**

### **PROMETHAZINE**

Promethazine is a phenothiazine derivative which differs structurally from the antipsychotic phenothiazines by the presence of a branched side chain and no ring substitution. It is thought that this configuration is responsible for its relative lack (1/10 that of chlorpromazine) of dopamine antagonist properties.

Promethazine is an H<sub>1</sub> receptor blocking agent. In addition to its antihistaminic action, it provides clinically useful sedative and antiemetic effects.

Promethazine is well absorbed from the gastrointestinal tract. Clinical effects are apparent within 20 minutes after oral administration and generally last four to six hours, although they may persist as long as 12 hours. Promethazine is metabolized by the liver to a variety of compounds; the sulfoxides of promethazine and N-demethylpromethazine are the predominant metabolites appearing in the urine.

### **DEXTROMETHORPHAN**

Dextromethorphan is an antitussive agent and, unlike the isomeric levorphanol, it has no analgesic or addictive properties.

The drug acts centrally and elevates the threshold for coughing. It is about equal to codeine in depressing the cough reflex. In therapeutic dosage dextromethorphan does not inhibit ciliary activity.

Dextromethorphan is rapidly absorbed from the gastrointestinal tract and exerts its effect in 15 to 30

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

minutes. The duration of action after oral administration is approximately three to six hours.

Dextromethorphan is metabolized primarily by liver enzymes undergoing O-demethylation, N-demethylation, and partial conjugation with glucuronic acid and sulfate. In humans, (+)-3-hydroxy-N-methylmorphinan, (+)-3-hydroxymorphinan, and traces of unmetabolized drug were found in urine after oral administration.

## **INDICATIONS AND USAGE**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup is indicated for the temporary relief of coughs and upper respiratory symptoms associated with allergy or the common cold.

## **CONTRAINDICATIONS**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup is contraindicated for use in pediatric patients less than two years of age.

Promethazine HCl is contraindicated in comatose states, and in individuals known to be hypersensitive or to have had an idiosyncratic reaction to promethazine or to other phenothiazines.

Antihistamines are contraindicated for use in the treatment of lower respiratory tract symptoms, including asthma.

Dextromethorphan should not be used in patients receiving a monoamine oxidase inhibitor (MAOI) (see [PRECAUTIONS – Drug Interactions](#)).

## **WARNINGS**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup should not be used in pediatric patients less than 2 years of age because of the potential for fatal respiratory depression.

Postmarketing cases of respiratory depression, including fatalities, have been reported with use of promethazine in pediatric patients less than 2 years of age. A wide range of weight-based doses of promethazine have resulted in respiratory depression in these patients.

Caution should be exercised when administering promethazine to pediatric patients 2 years of age and older. It is recommended that the lowest effective dose of promethazine be used in pediatric patients 2 years of age and older and concomitant administration of other drugs with respiratory depressant effects be avoided.

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

## PROMETHAZINE HCL

### **CNS Depression**

Promethazine HCl may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a vehicle or operating machinery. The impairment may be amplified by concomitant use of other central-nervous-system depressants such as alcohol, sedatives/hypnotics (including barbiturates), narcotics, narcotic analgesics, general anesthetics, tricyclic antidepressants, and tranquilizers; therefore such agents should either be eliminated or given in reduced dosage in the presence of promethazine HCl (see [PRECAUTIONS – Information for Patients](#) and [Drug Interactions](#)).

### **Respiratory Depression**

Promethazine HCl may lead to potentially fatal respiratory depression.

Use of Promethazine HCl and Dextromethorphan Hydrobromide Syrup in patients with compromised respiratory function (e.g. COPD, sleep apnea syndrome) should be avoided.

### **Lower Seizure Threshold**

Promethazine HCl may lower seizure threshold. It should be used with caution in persons with seizure disorders or in persons who are using concomitant medications, such as narcotics or local anesthetics, which may also affect seizure threshold.

### **Bone-Marrow Depression**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup should be used with caution in patients with bone-marrow depression. Leukopenia and agranulocytosis have been reported, usually when promethazine HCl has been used in association with other known marrow-toxic agents.

### **Neuroleptic Malignant Syndrome**

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with promethazine HCl alone or in combination with antipsychotic drugs. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis and cardiac dysrhythmias).

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to identify cases where the clinical presentation includes both serious medical illness (e.g. pneumonia, systemic infection, etc.) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever and primary central nervous system (CNS) pathology.

The management of NMS should include 1) immediate discontinuation of promethazine HCl, antipsychotic drugs, if any, and other drugs not essential to concurrent therapy, 2) intensive symptomatic treatment and medical monitoring, and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for uncomplicated NMS.

Since recurrences of NMS have been reported with phenothiazines, the reintroduction of promethazine HCl should be carefully considered.

## Use in Pediatric Patients

Promethazine HCl and Dextromethorphan Hydrobromide Syrup is contraindicated for use in pediatric patients less than two years of age.

Caution should be exercised when administering Promethazine HCl and Dextromethorphan Hydrobromide Syrup to pediatric patients 2 years of age and older because of the potential for fatal respiratory depression. Respiratory depression and apnea, sometimes associated with death, are strongly associated with promethazine products and are not directly related to individualized weight-based dosing, which might otherwise permit safe administration. Concomitant administration of promethazine products with other respiratory depressants has an association with respiratory depression, and sometimes death, in pediatric patients.

Antiemetics are not recommended for treatment of uncomplicated vomiting in pediatric patients, and their use should be limited to prolonged vomiting of known etiology. The extrapyramidal symptoms which can occur secondary to Promethazine HCl and Dextromethorphan Hydrobromide Syrup administration may be confused with the CNS signs of undiagnosed primary disease, e.g., encephalopathy or Reye's syndrome. The use of Promethazine HCl and Dextromethorphan Hydrobromide Syrup should be avoided in pediatric patients whose signs and symptoms may suggest Reye's syndrome or other hepatic diseases.

Excessively large dosages of antihistamines, including promethazine HCl, in pediatric patients may cause sudden death (see **OVERDOSAGE**). Hallucinations and convulsions have occurred with therapeutic doses and overdoses of Promethazine HCl in pediatric patients.

In pediatric patients who are acutely ill associated with dehydration, there is an increased susceptibility to dystonias with the use of promethazine HCl.

## Other Considerations

Administration of promethazine HCl has been associated with reported cholestatic jaundice.

### DEXTROMETHORPHAN

Administration of dextromethorphan may be accompanied by histamine release and should be used with caution in atopic children.

## PRECAUTIONS

### General

Drugs having anticholinergic properties should be used with caution in patients with narrow-angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction and bladder-neck obstruction. Promethazine HCl and Dextromethorphan Hydrobromide Syrup should be used cautiously in persons with cardiovascular disease or with impairment of liver function.

Dextromethorphan should be used with caution in sedated patients, in the debilitated, and in patients confined to the supine position.

### Information for Patients

Patients should be advised to measure Promethazine HCl and Dextromethorphan Hydrobromide Syrup with an accurate measuring device. A household teaspoon is not an accurate measuring device and could lead to overdosage, especially when a half a teaspoon is measured. A pharmacist can recommend an appropriate measuring device and can provide instructions for measuring the correct dose.

Promethazine HCl and Dextromethorphan Hydrobromide Syrup may cause marked drowsiness or impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a vehicle or operating machinery. Ambulatory patients should be told to avoid engaging in such activities until it is known that they do not become drowsy or dizzy from promethazine and dextromethorphan therapy. Pediatric patients should be supervised to avoid potential harm in bike riding or in other hazardous activities.

The concomitant use of alcohol or other central-nervous-system depressants, such as sedatives/hypnotics (including barbiturates), narcotics, narcotic analgesics, general anesthetics, tricyclic antidepressants, and tranquilizers, may enhance impairment (see [WARNINGS – CNS Depression](#) and [PRECAUTIONS –](#)

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

## Drug Interactions).

Patients should be advised to report any involuntary muscle movements.

Avoid prolonged exposure to the sun.

## **Drug Interactions**

Hyperpyrexia, hypotension, and death have been reported coincident with the co-administration of monoamine oxidase (MAO) inhibitors and products containing dextromethorphan. Thus, concomitant administration of Promethazine HCl and Dextromethorphan Hydrobromide Syrup and MAO inhibitors should be avoided (see [CONTRAINDICATIONS](#)).

**CNS Depressants** – Promethazine HCl may increase, prolong, or intensify the sedative action of other central-nervous-system depressants, such as alcohol, sedatives/hypnotics (including barbiturates), narcotics, narcotic analgesics, general anesthetics, tricyclic antidepressants, and tranquilizers; therefore, such agents should be avoided or administered in reduced dosage to patients receiving promethazine HCl. When given concomitantly with Promethazine HCl and Dextromethorphan Hydrobromide Syrup, the dose of barbiturates should be reduced by at least one-half, and the dose of narcotics should be reduced by one-quarter to one-half. Dosage must be individualized. Excessive amounts of promethazine HCl relative to a narcotic may lead to restlessness and motor hyperactivity in the patient with pain; these symptoms usually disappear with adequate control of the pain.

**Epinephrine** – Because of the potential for promethazine HCl to reverse epinephrine's vasopressor effect, epinephrine should NOT be used to treat hypotension associated with Promethazine HCl and Dextromethorphan Hydrobromide Syrup overdose.

**Anticholinergics** – Concomitant use of other agents with anticholinergic properties should be undertaken with caution.

**Monoamine Oxidase Inhibitors (MAOI)** – Drug interactions, including an increased incidence of extrapyramidal effects, have been reported when some MAOI and phenothiazines are used concomitantly. This possibility should be considered with Promethazine HCl and Dextromethorphan Hydrobromide Syrup.

## **Drug/Laboratory Test Interactions**

The following laboratory tests may be affected in patients who are receiving therapy with promethazine HCl:

Pregnancy Tests

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

Diagnostic pregnancy tests based on immunological reactions between HCG and anti-HCG may result in false-negative or false-positive interpretations.

### **Glucose Tolerance Test**

An increase in blood glucose has been reported in patients receiving promethazine HCl.

## **Carcinogenesis, Mutagenesis, Impairment of Fertility**

Long-term animal studies have not been performed to assess the carcinogenic potential of promethazine or of dextromethorphan. There are no animal or human data concerning carcinogenicity, mutagenicity, or impairment of fertility with these drugs. Promethazine was nonmutagenic in the Salmonella test system of Ames.

## **Pregnancy**

### **Teratogenic Effects-Pregnancy Category C**

Teratogenic effects have not been demonstrated in rat-feeding studies at doses of 6.25 and 12.5 mg/kg of promethazine HCl. These doses are 8.3 and 16.7 times the maximum recommended total daily dose for a 50-kg subject. Daily doses of 25 mg/kg intraperitoneally have been found to produce fetal mortality in rats.

Specific studies to test the action of the drug on parturition, lactation, and development of the animal neonate were not done, but a general preliminary study in rats indicated no effect on these parameters. Although antihistamines have been found to produce fetal mortality in rodents, the pharmacological effects of histamine in the rodent do not parallel those in man. There are no adequate and well-controlled studies of Promethazine HCl and Dextromethorphan Hydrobromide Syrup in pregnant women.

Animal reproduction studies have not been conducted with the drug combination – promethazine HCl and dextromethorphan. It is not known whether this drug combination can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Promethazine HCl and Dextromethorphan Hydrobromide Syrup should be given to a pregnant woman only if clearly needed. Promethazine HCl and Dextromethorphan Hydrobromide Syrup should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

### **Nonteratogenic Effects**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup administered to a pregnant woman

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

within two weeks of delivery may inhibit platelet aggregation in the newborn.

## **Labor and Delivery**

Limited data suggest that use of promethazine HCl during labor and delivery does not have an appreciable effect on the duration of labor or delivery and does not increase the risk of need for intervention in the newborn. The effect on later growth and development of the newborn is unknown. See also Nonteratogenic Effects.

## **Nursing Mothers**

It is not known whether promethazine HCl or dextromethorphan is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from Promethazine HCl and Dextromethorphan Hydrobromide Syrup, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

## **Pediatric Use**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup is contraindicated for use in pediatric patients less than two years of age (see [WARNINGS – Boxed Warning](#) and [Use in Pediatric Patients](#)).

Promethazine HCl and Dextromethorphan Hydrobromide Syrup should be used with caution in pediatric patients 2 years of age and older (see [WARNINGS-Use in Pediatric Patients](#)).

## **Geriatric Use**

Clinical studies of promethazine HCl formulations did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

Sedating drugs may cause confusion and over-sedation in the elderly; elderly patients generally should be started on low doses of Promethazine HCl and Dextromethorphan Hydrobromide Syrup and observed closely.

## **ADVERSE REACTIONS**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

## PROMETHAZINE

**Central Nervous System** – Drowsiness is the most prominent CNS effect of this drug. Sedation, somnolence, blurred vision, dizziness; confusion, disorientation and extrapyramidal symptoms such as oculogyric crisis, torticollis, and tongue protrusion; lassitude, tinnitus, incoordination, fatigue, euphoria, nervousness, diplopia, insomnia, tremors, convulsive seizures, excitation, catatonic-like states, hysteria. Hallucinations have also been reported.

**Cardiovascular** – Increased or decreased blood pressure, tachycardia, bradycardia, faintness.

**Dermatologic** – Dermatitis, photosensitivity, urticaria.

**Hematologic** – Leukopenia, thrombocytopenia, thrombocytopenic purpura, agranulocytosis.

**Gastrointestinal** – Dry mouth, nausea, vomiting, jaundice.

**Respiratory** – Asthma, nasal stuffiness, respiratory depression (potentially fatal) and apnea (potentially fatal) (see [WARNINGS – Respiratory Depression.](#))

**Other** – Angioneurotic edema. Neuroleptic malignant syndrome (potentially fatal) has also been reported (see [WARNINGS – Neuroleptic Malignant Syndrome.](#))

### Paradoxical Reactions

Hyperexcitability and abnormal movements have been reported in patients following a single administration of Promethazine HCl and Dextromethorphan Hydrobromide Syrup. Consideration should be given to the discontinuation of promethazine HCl and to the use of other drugs if these reactions occur. Respiratory depression, nightmares, delirium, and agitated behavior have also been reported in some of these patients.

## DEXTROMETHORPHAN

Dextromethorphan hydrobromide occasionally causes slight drowsiness, dizziness, and gastrointestinal disturbances.

## DRUG ABUSE AND DEPENDENCE

According to the WHO Expert Committee on Drug Dependence, dextromethorphan could produce very slight psychic dependence but no physical dependence.

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

# OVERDOSAGE

## PROMETHAZINE HCL

Signs and symptoms of overdosage with promethazine HCl range from mild depression of the central nervous system and cardiovascular system to profound hypotension, respiratory depression, unconsciousness, and sudden death. Other reported reactions include hyperreflexia, hypertonia, ataxia, athetosis and extensor-plantar reflexes (Babinski reflex).

Stimulation may be evident, especially in children and geriatric patients. Convulsions may rarely occur. A paradoxical-type reaction has been reported in children receiving single doses of 75 mg to 125 mg orally, characterized by hyperexcitability and nightmares.

Atropine-like signs and symptoms – dry mouth, fixed, dilated pupils, flushing, as well as gastrointestinal symptoms - may occur.

## DEXTROMETHORPHAN

Dextromethorphan may produce central excitement and mental confusion. Very high doses may produce respiratory depression. One case of toxic psychosis (hyperactivity, marked visual and auditory hallucinations) after ingestion of a single dose of 20 tablets (300 mg) of dextromethorphan has been reported.

## Treatment

Treatment of overdosage with Promethazine HCl and Dextromethorphan Hydrobromide Syrup is essentially symptomatic and supportive. Only in cases of extreme overdosage or individual sensitivity do vital signs, including respiration, pulse, blood pressure, temperature, and EKG, need to be monitored. Activated charcoal orally or by lavage may be given, or sodium or magnesium sulfate orally as a cathartic. Attention should be given to the reestablishment of adequate respiratory exchange through provision of a patent airway and institution of assisted or controlled ventilation. Diazepam may be used to control convulsions. Acidosis and electrolyte losses should be corrected. The antidotal efficacy of narcotic antagonists to dextromethorphan has not been established; note that any of the depressant effects of promethazine HCl are not reversed by naloxone. Avoid analeptics, which may cause convulsions.

The treatment of choice for resulting hypotension is administration of intravenous fluids, accompanied by repositioning if indicated. In the event that vasopressors are considered for the management of severe hypotension which does not respond to intravenous fluids and repositioning, the administration of norepinephrine or phenylephrine should be considered. EPINEPHRINE SHOULD NOT BE USED, since its use in a patient with partial adrenergic blockade may further lower the blood pressure.

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

Extrapyramidal reactions may be treated with anticholinergic antiparkinson agents, diphenhydramine, or barbiturates. Oxygen may also be administered.

Limited experience with dialysis indicates that it is not helpful.

## **DOSAGE AND ADMINISTRATION**

It is important that Promethazine HCl and Dextromethorphan Hydrobromide Syrup is measured with an accurate measuring device (see [PRECAUTIONS-Information for Patients](#)). A household teaspoon is not an accurate measuring device and could lead to overdosage, especially when half a teaspoon is to be measured. It is strongly recommended that an accurate measuring device be used. A pharmacist can provide an appropriate device and can provide instructions for measuring the correct dose.

Promethazine HCl and Dextromethorphan Hydrobromide Syrup is CONTRAINDICATED for children under 2 years of age (see [WARNINGS – Boxed Warning](#) and [Use in Pediatric Patients](#)).

The average effective dose for adults is 5 mL (one teaspoon) every 4 to 6 hours, not to exceed 30.0 mL in 24 hours. For children 6 years to under 12 years of age, the dose is 2.5 to 5.0 mL (one-half to one teaspoon) every 4 to 6 hours, not to exceed 20.0 mL in 24 hours. For children 2 years to under 6 years of age, the dose is 1.25 to 2.5 mL (one-quarter to one-half teaspoon) every 4 to 6 hours, not to exceed 10.0 mL in 24 hours.

## **HOW SUPPLIED**

Promethazine HCl and Dextromethorphan Hydrobromide Syrup is a clear, yellow solution supplied as follows:

NDC 62559-7581-4 – bottle of 4 fl. oz. (118 mL)

NDC 62559-7581-6 – bottle of 16 fl. oz. (473 mL)

Keep bottles tightly closed.

Store at 20° to 25°C (68° to 77°F). [See USP Controlled Room Temperature].

Protect from light.

Dispense in tight, light-resistant container (USP/NF) with a child-resistant closure.

Promethazine HCl and Dextromethorphan Hydrobromide Syrup



Manufactured by  
ANI Pharmaceuticals, Inc.  
Baltimore, MD 21244

501-75816-0

Rev 03/08

Promethazine HCl and Dextromethorphan Hydrobromide Syrup (Promethazine HCl and Dextromethorphan Hydrobromide Syrup)

#### PRODUCT INFO

Product Code	62559-7581	Dosage Form	SYRUP
Route Of Administration	ORAL	DEA Schedule	

#### INGREDIENTS

	Type	Strength
<b>Promethazine HCl</b> (promethazine)	Active	6.25 MILLIGRAM In 5 MILLILITER
<b>Dextromethorphan Hydrobromide</b> (dextromethorphan)	Active	15 MILLIGRAM In 5 MILLILITER
<b>Alcohol</b>		Inactive
<b>Black currant flavor</b>		Inactive
<b>Citric acid</b>		Inactive
<b>D&amp;C red 33</b>		Inactive
<b>FD&amp;C yellow 6</b>		Inactive
<b>Glycerin</b>		Inactive
<b>Liquid glucose</b>		Inactive
<b>l-menthol</b>		Inactive
<b>Saccharin sodium</b>		Inactive
<b>Sodium benzoate</b>		Inactive

Promethazine HCl and Dextromethorphan Hydrobromide Syrup

<b>Sodium citrate</b>	Inactive
<b>Sodium propionate</b>	Inactive
<b>Water</b>	Inactive

#### IMPRINT INFORMATION

Characteristic	Appearance	Characteristic	Appearance
Color		Score	
Shape		Symbol	
Imprint Code		Coating	
Size			

#### PACKAGING

# NDC	Package Description	Multilevel Packaging
<b>1</b> 62559-7581-4	4 FLUID OUNCE In 1 BOTTLE, GLASS (1 BOTTLE)	None
<b>2</b> 62559-7581-6	16 FLUID OUNCE In 1 BOTTLE, GLASS (1 BOTTLE)	None

ANI Pharmaceuticals, Inc.