

Children's Tixylix Night

Each 5 mL contains promethazine hydrochloride 1.5 mg, pholcodine 1.5 mg.

PRESENTATION

Linctus (blackcurrant flavoured) in 100 mL and 200 mL bottles

USES

ACTIONS

Antitussive, antihistamine.

PHARMACOLOGY

Promethazine is a phenothiazine derivative with antihistaminic and sedative effects. Pholcodine is chemically related to morphine, but unlike morphine and other opium alkaloids it has little or no analgesic or euphorogenic activity. Pholcodine acts primarily on the central nervous system and causes suppression of coughing. Depression of the cough reflex by pholcodine is due partly to a direct effect on a cough centre in the medulla.

PHARMACOKINETICS

Promethazine is well absorbed from the gastrointestinal tract, clinical effects being apparent within 20 minutes of oral administration. Effects generally last 4 to 6 hours, although they may persist as long as 12 hours. Promethazine is metabolised by the liver and excreted as metabolites in the urine. The sulphoxides of promethazine and N-demethylpromethazine are the predominant metabolites appearing in the urine. Plasma-protein binding is high (93%). Pholcodine is absorbed, metabolised and excreted more slowly than codeine. Peak plasma levels occur 2 to 5 hours after oral administration. Metabolism occurs in the liver and the drug and its metabolites are excreted in the urine. Studies have shown the elimination half-life of pholcodine to be 37 to 50 hours. 26% of the dose is excreted as unchanged pholcodine. Opiates are detectable in the urine 2 to 6 weeks after ingestion of pholcodine. Plasma-protein binding is 23%.

INDICATIONS

1. Relief of coughs in children, especially the irritating cough which is often troublesome at night.
2. Alleviation of the spasm of whooping cough.

DOSAGE AND ADMINISTRATION

Once every 8 hours at night

Age	Average Weight	Dose
2-5 yrs	12-19kg	5mLs
6-10 yrs	20-31kg	5-10mLs

Adults – 30mLs 4 times daily

Tixylix should not be used in paediatric patients less than two years of age.

CONTRAINDICATIONS

It is advised that the drug should not be given concurrently with, or for two weeks after, treatment with MAOIs, as this may cause hypertensive effects.

Tixylix is contraindicated in patients who have shown hypersensitivity to either promethazine or pholcodine, or to sodium sulphites.

Tixylix should not be used in paediatric patients less than two years of age.

WARNINGS AND PRECAUTIONS

This product contains sodium sulphites.

Promethazine

The sedative action of promethazine is additive to the sedative effects of other central nervous system (CNS) depressants, including alcohol, narcotic analgesics, and tranquillisers. Therefore, these agents should be avoided or administered in reduced dosage to patients receiving Tixylix.

Due to the preparation's sedative action, impairment of the mental and physical abilities required for the performance of potentially hazardous activities may occur. Such activities include bike riding, driving and operating machinery.

Because of its sedative effects, promethazine should be avoided in patients with a history of sleep apnoea.

Promethazine should be used cautiously in patients with cardiovascular or hepatic disease, acute or chronic respiratory impairment, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction.

Promethazine has been associated with cholestatic jaundice.

Epileptic patients may experience increased severity of convulsions.

Children

Post-marketing cases of respiratory depression, including fatalities, have been reported with use of promethazine in paediatric patients less than 2 years of age.

Caution: promethazine should not be administered at levels higher than the recommended dosage for children between 2 and 12 years old. If excessive dosing occurs, there is the potential for central and peripheral apnoea and reduced arousal. Excessively large doses of antihistamines, including promethazine, in children may cause hallucinations, convulsions or sudden death.

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

Pholcodine

Pholcodine should be used with caution in patients who have decreased respiratory reserve.

Pholcodine depresses the respiratory centre to some extent, releases histamine, depresses the cough reflex and tends to dry secretions. Therefore it should be used with caution in asthmatic patients, in whom the airway resistance may be many times greater than normal, as it may result in a decrease in respiratory drive without a corresponding decrease in airway resistance.

The development of tolerance and physical dependence with repeated use is a characteristic feature of all the opioid drugs. There is also the possibility of developing psychological dependence on the effects produced by the drug. However, because of the low euphorogenic activity of pholcodine, this is unlikely to be a problem with pholcodine.

As pholcodine is metabolised in the liver, its action may be prolonged in hepatic insufficiency.

Use in Pregnancy (Category C)

When given in high doses during late pregnancy, phenothiazines have caused prolonged extrapyramidal disturbances in the child.

Use in Lactation

No information is available as to whether promethazine or pholcodine are excreted in breast milk nor whether they have a harmful effect on the newborn. Therefore Tixylix is not recommended for nursing women unless the expected benefit outweighs any potential risk.

Use in Children

This product must not be used in children under 2 years of age.

ADVERSE EFFECTS

Promethazine

More common reactions:

Gastrointestinal: dry mouth, epigastric distress, loss of appetite, nausea, vomiting, diarrhoea, constipation.

Nervous System: sedation, restlessness, dizziness, lassitude, incoordination, fatigue.

Ocular: blurred vision.

Less common reactions:

Cardiovascular: tachycardia, bradycardia, faintness, increased or decreased blood pressure.

Dermatological: photosensitization, urticaria, angioneurotic oedema.

Haematological: leucopenia, aplastic anaemia, thrombocytopenic purpura, agranulocytosis.

Hepatic: jaundice.

Musculoskeletal: extrapyramidal symptoms.

Nervous System: tinnitus, euphoria, nervousness, insomnia, convulsive seizures, oculogyric crises, excitation, catatonic-like states, hysteria.

Respiratory: marked irregular respiration.

Pholcodine

Gastrointestinal: nausea, vomiting, constipation.

Hepatic: epigastric distress, biliary colic.

Nervous System: drowsiness, restlessness, excitement, ataxia (after large doses).

Respiratory: respiratory depression.

INTERACTIONS

Promethazine

Promethazine may potentiate the sedative action of CNS depressants (see PRECAUTIONS).

Promethazine increases the activity of anticholinergic drugs and increases the risk of anticholinergic side effects from tricyclic antidepressants.

An increased incidence of extrapyramidal effects has been reported when some monoamine oxidase (MAO) inhibitors and phenothiazines are given concurrently. Although such a reaction has not been reported with promethazine, the possibility should be considered.

Promethazine reverses the vasopressor effect of adrenaline, and may potentiate the hypotensive effect of some antihypertensive agents.

The following laboratory tests may be affected in patients taking promethazine:

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.

Pholcodine

Phenothiazines, MAO inhibitors and tricyclic antidepressants may exaggerate and prolong the depressant effects of some opioids.

Single therapeutic doses of opioids produce a shift towards increased voltage and lower frequencies in the electroencephalogram.

OVERDOSAGE

Symptoms:

Promethazine

Symptoms may range from mild depression of the central nervous and cardiovascular systems to profound hypotension, respiratory depression and unconsciousness. Convulsions may rarely occur. A paradoxical reaction has been reported in children receiving single doses of 75mg to 125mg orally, characterised by hyperexcitability and nightmares. Atropic-like signs and symptoms (dry mouth, fixed dilated pupils, flushing) and gastrointestinal symptoms may occur.

Pholcodine

There is limited data specifically relating to pholcodine. A toxic dose of pholcodine in children is about 200mg. Symptoms of overdose of other opioids include stupor, coma, low respiratory rate, cyanosis and falling blood pressure. Pin-point pupils, lowered body temperature and decreased urine formation have been observed. Convulsions may be noted in infants and children.

Treatment

If the patient is comatose, establish a patent airway and ventilate. If there is clinically significant respiratory depression, small intravenous doses (0.4mg to 0.8mg) of the narcotic antagonist naloxone should be administered over 20 to 30 minutes.

In the conscious patient, gastric aspiration and lavage should be undertaken if ingestion is recent. Diazepam may be used to control convulsions or marked CNS stimulation. Severe hypotension may respond to administration of noradrenaline or phenylephrine, but adrenaline should not be used because it may lower blood pressure further.

PHARMACEUTICAL PRECAUTIONS

Store below 25°C. Protect from light.

MEDICINE CLASSIFICATION

Restricted Medicine

PACKAGE QUANTITIES

100 & 200mL Bottles

NAME AND ADDRESS

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