New Zealand Data sheet

1. PRODUCT NAME

Prochlorperazine maleate (Brown and Burk) 3 mg buccal tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each buccal tablet contains 3.0 mg prochlorperazine maleate.

Excipient(s) with known effect
Compressible sugar (contains sucrose) 52.490 mg.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Buccal tablet.
Yellow colored, circular shaped biconvex uncoated tablet debossed with 'C77' on one side and plain on other side with approximately 5.5 mm in diameter.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

Symptomatic treatment of vertigo due to Meniere's Disease, Labyrinthitis and other causes.
For nausea and vomiting from whatever cause.
In the treatment of migraine.

4.2. Dose and method of administration

To be placed in the buccal cavity high up along the top gum under the upper lip, until dissolved. Do not chew or swallow the tablet.
Adults and children aged 12 years and over: One or two tablets twice a day.
Children under 12 years: Not recommended.
Elderly patients: There is no evidence that dosage needs be modified for the elderly.

4.3. Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 'List of Excipients'
- Impaired liver function
- Existing blood dyscrasias
- Epilepsy
- Parkinson's Disease
- Prostatic hypertrophy
- Narrow angle glaucoma
- Pregnancy.

4.4. Special warnings and precautions for use

Only use when migraine has previously been diagnosed by a doctor.

Prochlorperazine maleate 3 mg buccal tablets should be avoided in patients with stroke risk factors and myasthenia gravis.

Agranulocytosis has been reported with phenothiazines. The occurrence of unexplained infections or fever may be evidence of blood dyscrasia (see section 4.8 'Undesirable effects') and requires immediate haematological investigation.

It has been reported that patients with AIDS may be particularly susceptible to antipsychotic-induced extrapyramidal effects.

Because of the risk of photosensitisation, patients should be advised to avoid exposure to direct sunlight and use sunscreen (see section 4.8 'Undesirable effects').

Hypotension, usually postural, may occur, particularly in elderly or volume depleted patients.

Nausea and vomiting as a sign of organic disease may be masked by the anti- emetic action of prochlorperazine maleate.

Neuroleptic malignant syndrome (NMS) is a potentially fatal symptom complex associated with antipsychotic medicinal products. Alteration in mental status and other neurological signs often precede systemic signs of NMS. It is imperative that treatment be discontinued in the event of NMS (characterised by unexplained fever, hyperthermia, autonomic dysfunction, altered consciousness, muscle rigidity) (see section 4.8 'Undesirable effects').

Cases of venous thromboembolism (VTE) have been reported with antipsychotic drugs. Since patients treated with antipsychotics often present with acquired risk factors for VTE, all possible risk factors for VTE should be identified before and during treatment with Prochlorperazine 3 mg Buccal Tablets and preventive measures undertaken (see section 4.8 'Undesirable effects').

<u>QT prolongation</u>

Neuroleptic phenothiazines 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. Prochlorperazine buccal tablets should be used with caution in patients with congenital or documented acquired QT prolongation and/or known risk factors for prolongation of the QT interval such as:

- cardiac disease e.g. heart failure, myocardial infarction
- proarrhythmic conditions e.g bradycardia (< 50 bpm)
- a history of ventricular dysrhythmias
- uncorrected hypokalemia and/or hypomagnesemia
- and during concomitant administration with QT interval prolonging drugs (see section 4.5 Interaction with other medicines and other forms of interaction).

If signs of cardiac arrhythmia occur during treatment with Prochlorperazine buccal tablets, should be stopped and an ECG should be performed.

Increased Mortality in Elderly People with Dementia

Data from two large observational studies showed that elderly people with dementia who are treated with antipsychotics are at a small increased risk of death compared with those who are not treated. There are insufficient data to give a firm estimate of the precise magnitude of the risk and the cause of the increased risk is not known.

Prochlorperazine maleate 3mg buccal tablets are not licensed for the treatment of dementia-related behavioural disturbances.

Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency should not take this medicine.

4.5. Interaction with other medicines and other forms of interaction

Alcohol and CNS depressants should be used with caution due to the possible additive CNS depressant effect.

The hypotensive effect of antihypertensive drugs may be exaggerated.

The mild anticholinergic effect of neuroleptics may be enhanced by other anticholinergic drugs.

Oral anticoagulants – may have diminished effect.

Anticonvulsants – efficacy may be diminished necessitating dosage adjustment, as prochlorperazine may lower the seizure threshold.

The concomitant use of lithium may result in severe extrapyramidal side effects or severe neurotoxicity.

The concurrent use of desferrioxamine and prochlorperazine should be avoided.

Prochlorperazine opposes the effects of levadopa.

There is an increased risk of arrhythmias when neuroleptics are used with concomitant QT prolonging drugs (including certain anti-arrhythmics, antidepressants, macrolideantibiotics and other antipsychotics) and drugs causing electrolyte imbalance (see section 4.4 Special warnings and precautions for use).

4.6. Fertility, pregnancy and lactation

Pregnancy

There is inadequate evidence of the safety in human pregnancy. Prochlorperazine 3 mg Buccal Tablets/ prochlorperazine maleate should be avoided unless absolutely necessary during the first trimester of pregnancy.

Neonates exposed to antipsychotics (including prochlorperazine) during the third trimester of pregnancy are at risk of adverse reactions including Extrapyramidal and/or withdrawal symptoms that may vary in severity and duration following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress, or feeding disorder. Consequently, newborns should be monitored carefully.

Breast-feeding
Since data from animal studies show that prochlorperazine may be found in breast milk, Prochlorperazine 3 mg Buccal Tablets should not be used during lactation.

Fertility
No data are available.

4.7. Effects on ability to drive and use machines

Patients who drive or operate machinery should be warned of the possibility of drowsiness.

4.8. Undesirable effects

Undesirable effects are listed by MedDRA System Organ Classes.
Assessment of undesirable effects is based on the following frequency groupings:
Very common: ≥1/10
Common: ≥1/100 to <1/10
Uncommon: ≥1/1,000 to <1/100
Rare: ≥1/10,000 to <1/1,000
Very rare: <1/10,000
Not known: cannot be estimated from the available data.

Tabulated list of adverse reactions

System organ class	Undesirable effect and frequency
Blood and lymphatic system disorders	*Rare:* Blood dyscrasia
Immune system disorders	*Not known:* Hypersensitivity reactions such as rash and angioedema
Endocrine disorders	*Very rare:* Hyperprolactinaemia which may result in gynaecomastia, galactorrhoea and amenorrhoea
Metabolism and nutrition disorders	*Not known:* Hyponatraemia Syndrome of inappropriate antidiuretic hormone secretion Hyperglycaemia Glucose tolerance impaired
Psychiatric disorders	*Not known:* Insomnia Agitation
Nervous system disorders	*Not known:* Convulsion Drowsiness Dizziness Extrapyramidal reactions including acute dystonia, akathisia, parkinsonism and tardive dyskinesia

Cardiac disorders	Not known: Arrythmia* QT prolongation*
Vascular disorders	*Not known:* Hypotension (usually orthostatic)
Gastrointestinal disorders	*Not known:* Dry mouth Irritation gum Mouth irritation Hypoaesthesia oral Paraesthesia oral Taste disorders
Hepatobiliary disorders	*Rare:* Jaundice *Not known:* Cholestasis
Skin and subcutaneous tissue disorders	*Not known:* Skin reaction Photosensitivity (see section 4.4 'Special warnings and precautions for use)
Pregnancy, puerperium and perinatal conditions	*Not known:* Drug withdrawal syndrome neonatal (see section 4.6 'Fertility, pregnancy and lactation')

*See 'Description of selected adverse reactions'

Description of selected adverse reactions

Impotence, ejaculation disorder, priapism, and agranulocytosis (see section 4.4 'Special warnings and precautions for use) are class effects associated with phenothiazines.

Neuroleptic malignant syndrome may occur with any neuroleptic (see section 4.4 'Special warnings and precautions for use').

Cases of venous thromboembolism, including cases of pulmonary embolism and cases of deep vein thrombosis have been reported with antipsychotic drugs - frequency unknown (see section 4.4 'Special warnings and precautions for use').

QT prolongation, cardiac arrhythmias, including ventricular arrhythmias which may result in ventricular fibrillation or cardiac arrest have been reported during neurolepticphenothiazine therapy. Pre-existing cardiac disease, proarrhythmic conditions, hypokalaemia, hypomagnesemia, or concomitant administration with QT interval prolonging drugs may predispose.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions to https://pophealth.my.site.com/carmreportnz/s/

4.9. Overdose

The signs and symptoms will be predominantly extrapyramidal and may be accompanied either by restlessness and agitation or central nervous depression. Hypotension may also occur. Treatment is essentially symptomatic and supportive. There is no specific antidote. Do not induce vomiting. Particular attention must be directed to maintaining a clear airway since this may be threatened by extrapyramidal muscle dystonias. Severe dystonic reactions usually respond to procyclidine or orphenadrine given i.m. or i.v.

If convulsions occur, they should be treated using i.v. diazepam. If hypotension is present, strict attention to ventilation and posturing of the patient will often secure the desired effect, but failing this, consideration should be given to volume expansion by i.v. fluids. If this is insufficient, positive inotropic agents such as dopamine may be tried, but peripheral vasoconstrictor agents are not generally recommended. Adrenaline should NOT be used.

For advice on the management of overdose please contact the National Poisons Centre on 0800 POISON (0800 764766).

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: Phenothiazines with piperazine structure
ATC code: N05AB

Prochlorperazine is a member of the phenothiazine group of neuroleptics which, in doses lower than those used in psychiatry, is usually employed for its anti-emetic properties. The site of action is thought to be the chemoreceptor trigger zone.

5.2. Pharmacokinetic properties

Prochlorperazine 3 mg Buccal Tablets are placed in the buccal cavity where they form a gel from which the prochlorperazine is released and absorbed. The plasma levels achieved at steady-state on a dosage regimen of one Prochlorperazine 3 mg Buccal Tablet twice daily are similar to those observed with the standard oral dosage of one 5 mg tablet taken three times daily. The elimination half-life of prochlorperazine in this formulation is 9.0 hours, similar to that observed with the oral formulation.

5.3. Preclinical safety data

No preclinical findings of relevance have been reported.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Compressible sugar
Povidone
Xanthan gum
Locust bean gum

Talc
Magnesium stearate
Riboflavin 5-phosphate sodium.

6.2. Incompatibilities

None

6.3. Shelf life

Three years.

6.4. Special precautions for storage

Store at or below 25°C.

6.5. Nature and contents of container

Blister packs of 50 tablets.

6.6. Special precautions for disposal

No special requirements.

7. MEDICINE SCHEDULE

Prescription Medicine

8. SPONSOR

Max Health Limited
PO Box 44452 Point Chevalier
Auckland, New Zealand 1246

Telephone: (09) 815 2664

9. DATE OF FIRST APPROVAL

19 December 2024

10. DATE OF REVISION OF THE TEXT

19 December 2024

SUMMARY TABLE OF CHANGES

Section changes	Summary of new information
	New