PRESCRIBING INFORMATION

[Pr]PROCHLORPERAZINE MESYLATE INJECTION

5 mg /mL prochlorperazine (as prochlorperazine mesylate)
Sandoz Standard

[Pr]SANDOZ PROCHLORPERAZINE

Prochlorperazine Suppository USP
10 mg prochlorperazine / suppository

Antipsychotic - Antiemetic

Sandoz Canada Inc.
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J4B 7K8

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THERAPEUTIC CLASSIFICATION

Antipsychotic – Antiemetic

ACTION AND CLINICAL PHARMACOLOGY

Prochlorperazine is a piperazine phenothiazine derivative with antipsychotic, antiemetic and weak sedative activity.

Prochlorperazine has actions similar to those of other phenothiazine derivatives but appears to be less sedating and to have a weak propensity for causing hypotension or potentiating the effects of Central Nervous System (CNS) depressants and anesthetics. However, it produces a high incidence of extrapyramidal reactions.

Prochlorperazine is well absorbed from the gastrointestinal tract.
The onset of action is 60 minutes following rectal administration of suppositories and 10 to 20 minutes after IM administration. Duration of action for all routes is 3 to 4 hours.
Prochlorperazine distributes to most body tissues with high concentrations being distributed into the liver and spleen. Prochlorperazine enters the enterohepatic circulation and is excreted chiefly in the feces.

INDICATIONS AND CLINICAL USE

In the management of manifestations of psychotic disorders such as agitation, confusion, delusion, tension and anxiety.

Prochlorperazine is also effective in controlling nausea and vomiting due to stimulation of the chemoreceptor trigger zone (CTZ).

In selected patients, prochlorperazine may be of value for the relief of excessive anxiety, accompanied by severe tension and agitation, associated with psychoneurotic or somatic conditions.

CONTRAINDICATIONS

Prochlorperazine should not be administered in the presence of circulatory collapse, altered states of consciousness or comatose states, particularly when these are due to intoxication with central depressant drugs (alcohol, hypnotics, narcotics). It is contraindicated in severely depressed patients, in the presence of blood dyscrasias, liver disease, renal insufficiency, pheochromocytoma, or in patients with severe cardiovascular disorders or a history of hypersensitivity to phenothiazine derivatives.

As with other phenothiazines, prochlorperazine is contraindicated in patients with suspected or established subcortical brain damage, with or without hypothalamic damage, since a hyperthermic reaction with temperatures above 40^{o}C may occur, sometimes not until 14 to 16 hours after drug administration.

Phenothiazine compounds should not be used in patients receiving large doses of hypnotics, due to the possibility of potentiation.

Prochlorperazine is contraindicated in children undergoing surgery.

WARNINGS

General
The antiemetic action of prochlorperazine may mask the signs and symptoms of overdosage of other drugs and may obscure the diagnosis and treatment of other conditions such as brain tumour or intestinal obstruction. Therefore the etiology of nausea and vomiting should be established before using the drug.

Neutropenia, granulocytopenia and agranulocytosis have been reported during antipsychotic use. Therefore, it is recommended that patients have their complete blood count (CBC) tested prior to starting prochlorperazine and then periodically throughout treatment.

Occupational Hazards: The use of this drug may impair the mental and physical abilities required for the performance of potentially hazardous tasks, such as driving a car or operating machinery.

Potentiation of the effects of alcohol may also occur.

Special Populations
Pregnant Women

Teratogenic Effects
Safety during pregnancy has not been established. Therefore, it is recommended that the drug be given to pregnant patients only when, in the judgement of the physician, the potential benefit to the patient outweighs the possible risk to the fetus.

Non-Teratogenic Effects

Neonates exposed to antipsychotic drugs (including prochlorperazine) during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress and feeding disorder in these neonates. These complications have varied in severity; while in some cases symptoms have been self-limited, in other cases neonates have required intensive care unit support and prolonged hospitalization.

Prochlorperazine should not be used during pregnancy unless the expected benefits to the mother markedly outweigh the potential risks to the fetus.

Pediatrics: The drug should not be used in children under 2 years unless potentially life-saving.

The extrapyramidal symptoms which can occur secondary to prochlorperazine may be confused with the CNS signs of an undiagnosed primary disease responsible for the vomiting, e.g. Reye's syndrome or other encephalopathy. The use of prochlorperazine should be avoided in children and adolescents whose signs and symptoms suggest Reye's syndrome.

PRECAUTIONS

The increased incidence of seizures, which occasionally occur in epileptics started on antipsychotic medication, may be controlled by increasing the dosage of their anticonvulsant. Patients with a familial history of seizures or febrile convulsions are more likely to develop seizures than those who have no such history.

Phenothiazines may increase the effects of general anesthetics, opiates, barbiturates, and other CNS depressants and the doses of these drugs should be reduced if administered concomitantly with prochlorperazine.

On long-term therapy, particularly during the first 2 or 3 months, it is advisable to perform periodic liver function tests and blood counts as cholestatic jaundice and blood dyscrasias may occur necessitating discontinuation of treatment. Renal function should be monitored and, if BUN becomes abnormal, treatment should be discontinued.

To lessen the likelihood of adverse reactions related to drug accumulation, patients on long-term therapy, particularly on high doses, should be evaluated periodically to decide whether the maintenance dosage could be lowered or drug therapy discontinued.

Because of its anticholinergic action, prochlorperazine should be used with great caution in patients with glaucoma or prostatic hypertrophy.

The effects of anticholinergic drugs may be potentiated by prochlorperazine. Paralytic ileus, even resulting in death, may occur, especially in the elderly. Caution should be observed if constipation develops.

Retinal changes, lenticular and corneal deposits and abnormal skin pigmentation have been observed with other phenothiazines and may occur after prolonged therapy. The possibility of persistent tardive dyskinesia should also be borne in mind when patients are under long-term treatment.

Patients receiving prochlorperazine should be cautioned against exposure to extreme heat or organophosphorous insecticides.

Hypotension and ECG changes, particularly non-specific and usually reversible Q and T wave distortions, have been associated with the administration of phenothiazines. Therefore, prochlorperazine should be used with caution in patients with compensated cardiovascular and cerebrovascular disorders.

Unexpected, sudden deaths have occurred in hospitalized patients treated with phenothiazines. Previous brain damage or seizures may predispose. High doses should be avoided in known seizure patients. Sudden exacerbations of psychotic behaviour patterns occurred in several patients shortly before death. Acute fulminating pneumonia or pneumonitis and aspiration of gastric contents were also observed. Therefore, the physician should also keep in mind the possible development of silent pneumonia.

Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin-dependent *in vitro*, a factor of potential importance if the prescription of these drugs is contemplated in a patient with a previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomastia and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients. An increase in mammary neoplasms has been found in rodents after chronic administration of neuroleptic drugs. Neither clinical studies, nor epidemiologic studies conducted to date, however, have shown an association between chronic administration of these drugs and mammary tumorigenesis; the available evidence is considered too limited to be conclusive at this time.

Hematologic

Venous Thromboembolism: Venous thromboembolism (VTE), including fatal pulmonary embolism, has been reported with antipsychotic drugs, including prochlorperazine, in case reports and/or observational studies. When prescribing prochlorperazine all potential risk factors for VTE should be identified and preventative measures undertaken.

Endocrine and Metabolism

Hyperglycemia: Diabetic ketoacidosis (DKA) has occurred in patients with no reported history of hyperglycemia. Patients should have baseline and periodic monitoring of blood glucose and body weight.

Hyperprolactinemia: Long-standing hyperprolactinemia when associated with hypogonadism may lead to decreased bone mineral density in both female and male subjects.

Genitourinary: Rare cases of priapism have been reported with antipsychotic use, such as prochlorperazine. This adverse reaction, as with other psychotropic drugs, did not appear to be dose-dependent and did not correlate with the duration of treatment.

Withdrawal Emergent Neurological Signs: Abrupt withdrawal after short-term administration of antipsychotic drugs does not generally pose problems. However, transient dyskinetic signs are experienced by some patients on maintenance therapy after abrupt withdrawal. The signs are very similar to those described under Tardive Dyskinesia, except for duration. Although it is not known whether gradual withdrawal of antipsychotic drugs will decrease the incidence of withdrawal emergent neurological signs, gradual withdrawal would appear to be advisable.

Older Patients: The incidence of adverse reactions may be greater in patients over 55 years of age, since the half-lives of antipsychotic drugs are often prolonged. To minimize this possibility, the maintenance dosage should be reduced to the lowest effective level as soon as possible after initial titration and periodically reviewed.

Since psychiatric syndromes in the elderly can be caused by drugs or organic disease, withdrawal of the precipitating drug or treatment of the medical condition should supersede initiation of antipsychotic medication. These agents should not be used for non-psychiatric conditions for which other drugs are available, since the elderly are especially prone to develop adverse effects from antipsychotic drugs.

Pediatrics: Children with an acute febrile illness or suffering from dehydration seem to be much more susceptible than adults to neuromuscular reactions, particularly dystonias. In such patients, the drug should be used under close supervision and at low doses.

ADVERSE REACTIONS

Adverse reactions with different phenothiazines vary in type, frequency, and mechanism of occurrence, i.e. some are dose-related, while others involve individual patient sensitivity. Some adverse reactions may be more likely to occur with greater intensity in patients with special medical problems.

Not all of the following adverse reactions have been observed with every phenothiazine derivative, but they have been reported with one or more and should be borne in mind when drugs of this class are administered.

Patients should be advised of the risk of severe constipation during prochlorperazine treatment, and that they should tell their doctor if constipation occurs or worsens, as they may need laxatives.

Neurological: Extrapyramidal reactions including tremor, rigidity, akathisia, dystonia, dyskinesia, oculogyric crises, opisthotonos, hyperreflexia and sialorrhea. EEG changes, disturbed temperature regulation and seizures have also been encountered.

Persistent Tardive Dyskinesia: As with other antipsychotic agents, tardive dyskinesia may occur in patients on long-term therapy or may be observed after drug therapy has been discontinued. The risk seems to be greater in elderly patients on high doses, especially females. The symptoms are persistent and in some patients appear to be irreversible. The syndrome is characterized by rhythmical involuntary movements of the tongue, face, mouth or jaw (e.g. protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements). Sometimes, these may be accompanied by involuntary movements of the extremities.

There is no known effective treatment for tardive dyskinesia; antiparkinsonian agents usually do not alleviate the symptoms of this syndrome. It is suggested that all antipsychotic agents be discontinued if these symptoms appear. Should it be necessary to reinstitute treatment, or increase the dosage of the agent, or switch to a different antipsychotic agent, the syndrome may be masked. It has been reported that fine vermicular movements of the tongue may be an early sign of the syndrome and if the medication is stopped at that time, the syndrome may not develop. The physician may be able to reduce the risk of this syndrome by minimizing the unnecessary use of neuroleptic drugs and reducing the dose or discontinuing the drug, if possible, when manifestations of this syndrome are recognized, particularly in patients over the age of 50.

Behavioral: Sleep disturbances, drowsiness, fatigue, insomnia, and depression have been reported and may, in severe cases, necessitate reduction in dosage. As with other phenothiazine derivatives, reactivation or aggravation of psychotic processes may be encountered. Paradoxical effects such as agitation, anxiety, restlessness, excitement and bizarre dreams, have been observed.

Autonomic Nervous System: Dry mouth, nasal congestion, headache, nausea, constipation, tachycardia, hypotension, syncope, dizziness, blurred vision, vomiting, sweating, and urinary incontinence have been observed.

Patients with pheochromocytoma, cerebral vascular or renal insufficiency, or a severe cardiac reserve deficiency such as mitral insufficiency appear to be particularly prone to hypotensive reactions with phenothiazine compounds, and should therefore be observed closely when the drug is administered. Should hypotension occur in patients receiving prochlorperazine and a vasopressor agent be required, i.v. levarterenol or phenylephrine should be used, and not epinephrine, since phenothiazine derivatives can reverse the pressor effect of the latter drug.

Other autonomic reactions which have occurred with phenothiazines are salivation, polyuria, glaucoma, bladder paralysis, adynamic ileus, and fecal compaction.

Metabolic and Endocrine: Anorexia, menstrual irregularities, impotence, increased thirst, weight changes, increased appetite, peripheral edema, galactorrhea, gynecomastia, false positive pregnancy tests, and changes in libido have also occurred in patients receiving phenothiazine therapy.

Allergic or Toxic: Pruritus, dermatitis, rash, erythema, urticaria, seborrhea, eczema, exfoliative

dermatitis, and photosensitivity. The possibility of an anaphylactoid reaction should be borne in mind.

Blood dyscrasias including leukopenia, agranulocytosis, pancytopenia, thrombocytopenic or non-thrombocytopenic purpura, eosinophilia, and anemia, have been associated with phenothiazine therapy. Routine blood counts are therefore advisable during prolonged therapy. If any soreness of the mouth, gums or throat or any symptoms of upper respiratory infection occur and confirmatory leukocyte count indicates cellular depression, therapy should be discontinued and other appropriate measures instituted immediately.

Cholestatic jaundice and biliary stasis may be encountered, particularly during the first months of therapy, and require immediate discontinuation of treatment.

Miscellaneous: The following adverse reactions have been reported in patients receiving phenothiazine derivatives: headache, asthma, laryngeal, cerebral and angioneurotic edema, altered cerebrospinal fluid proteins, systemic lupus erythematosus-like syndrome, hyperpyrexia, ECG and EEG changes and hypotension severe enough to cause fatal cardiac arrest. Skin pigmentation, epithelial keratopathy, lenticular and corneal deposits have been associated with long-term administration.

Sudden, unexpected and unexplained deaths have been reported in hospitalized psychotic patients receiving phenothiazines. Previous brain damage or seizures may be predisposing factors; high doses should be avoided in known seizure patients. Several patients have shown flare-ups of psychotic behaviour patterns shortly before deaths. Autopsy findings have usually revealed acute fulminating pneumonia or pneumonitis, aspiration of gastric contents or intramyocardial lesions.

Potentiation of CNS depressants (barbiturates, narcotics, analgesics, alcohol, antihistamines) may occur.

Neuroleptic Malignant Syndrome: As with other neuroleptic drugs, a symptom complex sometimes referred to as neuroleptic malignant syndrome (NMS) may occur. Cardinal features of NMS are hyperpyrexia, muscle rigidity, altered mental status (including catatonic signs), and evidence of autonomic instability (irregular pulse or blood pressure). Additional signs may include elevated CPK, myoglobinuria (rhabdomyolysis), and acute renal failure. NMS is potentially fatal and requires symptomatic treatment and immediate discontinuation of neuroleptic treatment.

OVERDOSAGE

For management of a suspected drug overdose, contact your regional Poison Control Centre immediately

Symptoms: Primarily extrapyramidal reactions, CNS depression which may vary from simple lethargy to coma. Agitation and restlessness may also occur. Other possible manifestations

include convulsions, fever and autonomic reactions such as hypotension, dry mouth and ileus.

Treatment: The treatment is essentially symptomatic and supportive. Early gastric lavage may be helpful.

Maintain an open airway. If hypotension occurs, the standard measures for managing circulatory shock should be initiated; if a pressor agent is required, give levarterenol or phenylephrine and **not** epinephrine as it may further depress the blood pressure. Extrapyramidal reactions should be treated with an antiparkinsonian agent.

Centrally acting emetics will be ineffective because of prochlorperazine's antiemetic action. Limited experience indicates that phenothiazines are not dialysable.

DOSAGE AND ADMINISTRATION

Dosage of prochlorperazine and its salts is expressed in terms of prochlorperazine base.

Begin with the lowest recommended dosage. Adjust to response of the individual.

Adults
Rectal Route:
To control nausea, vomiting or excessive anxiety: usually 1 suppository 1 to 3 times a day, or as directed by a physician. In mild cases, a single suppository is often adequate.

In psychiatry for moderate to severe conditions, the usual starting dosage is 10 mg, 3 or 4 times a day; increase dosage gradually by 10 mg every 2 or 3 days until symptoms are controlled or adverse reactions intervene.

Some patients respond satisfactorily on 50 to 75 mg per day. In more severe disturbances it may reach 100 to 150 mg a day. For maintenance therapy, the dosage should be reduced to the minimum effective dose.

Parenteral Route:
IM Dosage: The drug is given by deep IM injection.

Total daily dosage rarely exceeds 40 mg, except in severe psychiatric cases. When control is achieved, the oral route should be substituted.

To Control Nausea, Vomiting or Excessive Anxiety: 5 to 10 mg, 2 or 3 times a day.

In Psychiatry: For the immediate control of severely disturbed patients, 10 to 20 mg initially, repeated every 2 to 4 hours until control is obtained. More than 3 or 4 doses are seldom necessary. The patients should be kept in bed and under medical supervision.

In Surgery: 5 to 10 mg IM, 1 to 2 hours before anesthesia. Repeat once during surgery if

necessary.

Post-operatively, the same dose of 5 to 10 mg IM may be given to control acute symptoms and repeated, if necessary, every 3 to 4 hours (maximum, 40 mg daily).

IV Infusion: During and after surgery, prochlorperazine may be given IV in the infusion solution at a concentration of 20 mg/L. Total daily dose rarely exceeds 30 mg.

Pediatrics
Daily dosage should be based on body weight rather than on age, and should not be exceeded. Do not administer to children under 2 years of age or 9 kg of body weight. Occasionally the patient may react to the drug with signs of restlessness and excitement; if this occurs, treatment should be discontinued.

Parenteral Route:
For Severe Nausea and Vomiting and in Child Psychiatry: Calculate each dose on the basis of 0.14 mg/kg of body weight and give by deep IM injection. Control is usually obtained with one dose. When further therapy is needed, transfer the patient to an oral form at an equal or higher dose.

STORAGE AND STABILITY

Injectable:
Store between 15 and 30°C. Protect from light. Discard if markedly discoloured.

Suppositories:
Store below 25°C. Protect unwrapped suppository from light.

DOSAGE FORMS, COMPOSITION AND PACKAGING

Composition:

Injectable:
Each mL contains 7.6 mg of prochlorperazine mesylate, which is equivalent to 5 mg of prochlorperazine base, and sodium metabisulfite 0.2% in a sodium phosphate buffer and water for injection.

Suppositories:
Each rectal Sandoz Prochlorperazine suppository contains 10 mg of prochlorperazine base. Also contains the following non-medicinal ingredient: Hydrogenated coco-glycerides.

Packaging:

Injectable:

Prochlorperazine Mesylate Injection is available in 2 mL ampoules, boxes of 10.

Suppositories:
Sandoz Prochlorperazine suppository is available in. Boxes of 10.

PART III: CONSUMER INFORMATION

[Pr]SANDOZ PROCHLORPERAZINE
Prochlorperazine Suppository USP
10 mg prochlorperazine / suppository

This leaflet is part III of a three-part "Product Monograph" published when Sandoz Prochlorperazine was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about Sandoz Prochlorperazine. Contact your doctor or pharmacist if you have any questions about the drug.

ABOUT THIS MEDICATION

What the medication is used for:
Sandoz Prochlorperazine belongs to a group of medicines called "phenothiazines". It is used for the management of the symptoms of psychotic disorders such as excessive anxiety, tension, confusion, delusions, and agitation.

It also can be used to control nausea and vomiting.

What it does:
Sandoz Prochlorperazine is an antipsychotic medication which affects chemicals in the brain that allow communications between nerve cells (neurotransmitters). These chemicals are called dopamine and serotonin. Exactly how Sandoz Prochlorperazine works is unknown. However, it seems to readjust the balance of dopamine and serotonin.

When it should not be used:
You should not use Sandoz Prochlorperazine if you have:
- An allergy to prochlorperazine, to any of Sandoz Prochlorperazine ingredients or to phenothiazines
- A medical condition known as pheochromocytoma (a tumor of the adrenal gland)
- A severe heart or blood vessel disorder
- Severe kidney problems
- Brain damage
- Liver disease
- A blood cell disorder such as anemia, low white blood cell counts, or low platelets
- Drowsiness, slow breathing, weak pulse
- Decreased alertness caused by taking certain medications or drinking alcohol
- You are going to receive anesthesia in the spine or for a region (such as an arm, leg or the lower part of your body)

What the medicinal ingredient is:
Prochlorperazine

What the nonmedicinal ingredients are:
Hydrogenated coco-glycerides

What dosage forms it comes in:
Suppository 10 mg

WARNINGS AND PRECAUTIONS

Serious Warnings and Precautions
Studies with various medicines of the group to which Sandoz Prochlorperazine belongs, when used in the elderly patients with dementia, have been associated with an increased rate of death. Sandoz Prochlorperazine is not indicated in elderly patients with dementia.

Before you use Sandoz Prochlorperazine talk to your doctor or pharmacist if you:
- have risk factors for developing blood clots such as: a family history of blood clots, age over 65, smoking, obesity, recent major surgery (such as hip or knee replacement), immobility due to air travel or other reason, or take oral contraceptives ("The Pill")
- have heart disease, glaucoma or prostatic hypertrophy
- are addicted to alcohol. You should not take Sandoz Prochlorperazine if you are under the effects of alcohol.
- are pregnant. Sandoz Prochlorperazine should not be used during pregnancy unless your doctor considers the benefits to you markedly outweighs the potential risks to the fetus.
- are taking barbiturates, painkillers, narcotics or, antihistamines or other drugs that make you drowsy.
- have any allergies to this drug or its ingredients
- have or ever had a blackout or seizure
- are breastfeeding.

Sandoz Prochlorperazine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery, especially during the first few days of therapy. You should be cautious when performing potentially hazardous tasks.

Effects on Newborns:
In some cases, babies born to a mother taking Sandoz Prochlorperazine during pregnancy have experienced symptoms that are severe and require the newborn to be hospitalized. Sometimes, the symptoms may resolve on their own. Be prepared to seek immediate emergency medical attention for your newborn if they have difficulty breathing, are overly sleepy, have muscle stiffness, or floppy muscles (like a rag doll), are shaking, or are having difficulty feeding.

People who take Sandoz Prochlorperazine are cautioned:
- Against exposure to extreme heat
- That drugs such as Sandoz Prochlorperazine increase the toxicity of certain types of insecticides

("organophosphorous" insecticides) including insecticides for agriculture (farming), treating animals (flea and tick control) and for treating pests around the house and garden. Be cautious if you must use these products while taking Sandoz Prochlorperazine.

INTERACTIONS WITH THIS MEDICATION

- Sandoz Prochlorperazine can add to the effects of alcohol. You should avoid consuming alcoholic beverages while on Sandoz Prochlorperazine therapy.
- Tell your doctor about all your prescription and over-the-counter medications, vitamins, minerals, herbal products (such as St. John's Wort), and drugs prescribed by other doctors. Do not start a new medication without telling your doctor.
- Before using Sandoz Prochlorperazine, tell your doctor if you regularly use other medicines that make you sleepy (such as cold or allergy medicine, narcotic pain medicine, sleeping pills, muscle relaxants, and medicine for seizures, depression, or anxiety). You should not take Sandoz Prochlorperazine if you have drowsiness caused by other medications.
- Drugs that may interact with Sandoz Prochlorperazine include: anti-anxiety agents, antidepressants, muscle relaxants, anti-seizure medicine, high blood pressure medicine, cabergoline, metrizamide, guanethidine, guanadrel, grepafloxacin, sparfloxacin, lithium, cisapride, atropine-like drugs, narcotic pain relievers (e.g., codeine), drugs used to aid sleep, drowsiness-causing antihistamines (e.g., diphenhydramine), other drugs that may make you drowsy.
- Many cough-and-cold products contain ingredients that may add a drowsiness effect. Before using cough-and-cold medications, ask your doctor or pharmacist about the safe use of those products. Do not start or stop any medicine without doctor or pharmacist approval.
- This list is not complete and there may be other drugs that can interact with Sandoz Prochlorperazine

PROPER USE OF THIS MEDICATION

Insert this suppository into your anus exactly as prescribed. During the first few days your doctor may gradually increase your dose to allow your body to adjust to the medication. Do not take this more often or increase your dose without consulting your doctor. Your condition will not improve any faster but the risk of serious side effects will be increased. Do not stop taking this drug suddenly without your doctor's approval.

Your doctor will decide which dose is best for you.

Usual dose:
For treatment of psychiatric illness:
Usual initial adult dose: 10 mg three or four times daily. Doses vary according to individual condition, should be increased gradually by your doctor until your condition is under control.

For treatment of nausea and vomiting:
Usual adult dose: 1 suppository 1 to 3 times a day, or as directed by a physician. In mild cases a single suppository may be used.

Your dosage may be increased or decreased by your doctor depending on your response to the treatment.

Overdose:

In case of drug overdose, contact a health care practitioner, hospital emergency department or regional Poison Control Centre immediately, even if there are no symptoms.

Overdose symptoms may include agitation, and confusion, drowsiness, dizziness, muscle stiffness or twitching, increased salivation, trouble swallowing, weakness, loss of balance or coordination, and fainting.

Missed Dose:
Take the missed dose as soon as you remember. If it is almost time for your next dose, wait until then to take the medicine and skip the missed dose. Do not double your dose to make up the missed dose.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Like other medications, Sandoz Prochlorperazine may cause some side effects. These side effects may be minor and temporary. However, some may be serious and need medical attention.

Side effects may include: sweating, urinary incontinence, dizziness, drowsiness, dry mouth, nasal congestion, skin changes, insomnia, depression, agitation, anxiety, restlessness, excitement and bizarre dreams, decreased appetite, swelling of the hands and/or feet, nausea and vomiting, headache, menstrual changes, change in libido, swelling of the breasts and milk production in both men and women, weight changes and blurred vision.

If any of these affects you severely, tell your doctor.

Your doctor should check your body weight before starting Sandoz Prochlorperazine and continue to monitor it for as long as you are being treated.

Your doctor should take blood tests before starting Sandoz Prochlorperazine. They will monitor blood sugar, and the number of infection fighting white blood cells. Your doctor should continue to monitor your blood for as long as you are being treated.

If you have high levels of prolactin (measured with a blood test) and a condition called hypogonadism you may be at increased risk of breaking a bone due to osteoporosis. This occurs in both men and women.

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM

Symptom / effect		Talk with your doctor or pharmacist		Stop taking drug and seek immediate emergency medical attention
		Only if severe	In all cases	
Unknown	**Allergic Reaction:** rash, hives, swelling of the face, lips, tongue or throat, difficulty swallowing or breathing			✓
	Neuroleptic Malignant Syndrome: any group of symptoms which may include high fever, sweating, stiff muscles, fast heartbeat, fast breathing and feeling confused, drowsy or agitated			✓
	Extrapyramidal Symptoms: muscle stiffness, body spasm, upward eye rolling, exaggeration of reflexes, drooling, difficulty moving how and when you want			✓
	Fast or irregular heartbeat		✓	
	Seizures or fits			✓

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM

Symptom / effect		Talk with your doctor or pharmacist		Stop taking drug and seek immediate emergency medical attention
		Only if severe	In all cases	
	Long-lasting (greater than 4 hours in duration) and painful erection of the penis.			✓
	Tardive Dyskinesia: uncontrollable movements or twitches of the body, face, eyes or tongue, stretching the neck and body		✓	
	Low Blood Pressure: feeling of lightheadedness or fainting especially when getting up from a lying or sitting position		✓	
	High Blood Pressure: headaches, vision disorders, nausea and vomiting		✓	
	Decreased sweating		✓	
	Jaundice: yellow colour to skin and eyes, dark urine		✓	
	Respiratory Infection: fever, flu-like symptoms, coughing, difficult or fast breathing		✓	
	New or worsening constipation		✓	

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM				
Symptom / effect		**Talk with your doctor or pharmacist**		**Stop taking drug and seek immediate emergency medical attention**
		Only if severe	**In all cases**	
	Akathisia: a feeling of restlessness, inability to remain motionless		✓	
	Vision Changes: blurred vision, glaucoma or other eye disorder		✓	
	Increased Blood Sugar: frequent urination, thirst and hunger	✓		
Uncommon	**Blood clots:** swelling pain and redness in an arm or leg that can be warm to touch. You may develop sudden chest pain, difficulty breathing and heart palpitations.		✓	

This is not a complete list of side effects. For any unexpected effects while taking Sandoz Prochlorperazine, contact your doctor or pharmacist.

HOW TO STORE IT

Store below 25°C.
Protect unwrapped suppository from light.

Keep this and all medications out of the reach and sight of children.

REPORTING SUSPECTED SIDE EFFECTS

You can report any suspected adverse reactions associated with the use of health products to the Canada Vigilance Program by one of the following 3 ways:

- **Report online at www.healthcanada.gc.ca/medeffect**
- **Call toll-free at 1-866-234-2345**
- **Complete a Canada Vigilance Reporting Form and:**
  - **Fax toll-free to 1-866-678-6789, or**
  - **Mail to: Canada Vigilance Program**
    Health Canada
    Postal Locator 0701E
    Ottawa, Ontario
    K1A 0K9

Postage paid labels, Canada Vigilance Reporting Form and the adverse reaction reporting guidelines are available on the MedEffect™ Canada Web site at www.healthcanada.gc.ca/medeffect.

NOTE: Should you require information related to the management of side effects, contact your health professional. The Canada Vigilance Program does not provide medical advice.

For more information, please contact your doctor, pharmacist or other healthcare professional.

MORE INFORMATION

This document plus the full product monograph, prepared for health professionals can be found by contacting the sponsor, Sandoz Canada Inc., at:

1-800-361-3062

or by written request at:
145 Jules-Léger
Boucherville QC
J4B 7K8

Or by e-mail at :
medinfo@sandoz.com

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PART III: CONSUMER INFORMATION

[Pr]PROCHLORPERAZINE MESYLATE INJECTION
5 mg /mL prochlorperazine
(as prochlorperazine mesylate)

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ABOUT THIS MEDICATION

What the medication is used for:
Prochlorperazine Mesylate Injection belongs to a group of medicines called "phenothiazines". It is used for the management of the symptoms of psychotic disorders such as excessive anxiety, tension, confusion, delusions, and agitation. It also can be used to control nausea and vomiting.

What it does:
Prochlorperazine Mesylate Injection is an antipsychotic medication which affects chemicals in the brain that allow communications between nerve cells (neurotransmitters). These chemicals are called dopamine and serotonin. Exactly how Prochlorperazine Mesylate Injection works is unknown. However, it seems to readjust the balance of dopamine and serotonin.

When it should not be used:
You should not use Prochlorperazine Mesylate Injection if you have:

- An allergy to prochlorperazine mesylate, to any of Prochlorperazine Mesylate Injection ingredients or to phenothiazines
- A medical condition known as pheochromocytoma (a tumor of the adrenal gland)
- A severe heart or blood vessel disorder
- Severe kidney problems
- Brain damage
- Liver disease
- A blood cell disorder such as anemia, low white blood cell counts, or low platelets
- Drowsiness, slow breathing, weak pulse
- Decreased alertness caused by taking certain medications or drinking alcohol
- You are going to receive anesthesia in the spine or for a region (such as an arm, leg or the lower part of your body)

What the medicinal ingredient is:
Prochlorperazine mesylate

What the nonmedicinal ingredients are:
Prochlorperazine Mesylate Injection contains the following non-medicinal ingredients: sodium metabisulfite 0.2% in a sodium phosphate buffer and water for injection.

What dosage forms it comes in:
Injection 5 mg /mL, 2 mL ampoules, boxes of 10.

WARNINGS AND PRECAUTIONS

Serious Warnings and Precautions

Studies with various medicines of the group to which Prochlorperazine Mesylate Injection belongs, when used in the elderly patients with dementia, have been associated with an increased rate of death. Prochlorperazine Mesylate Injection is not indicated in elderly patients with dementia.

Before you use Prochlorperazine Mesylate Injection talk to your doctor or pharmacist if you:

- have risk factors for developing blood clots such as: a family history of blood clots, age over 65, smoking, obesity, recent major surgery (such as hip or knee replacement), immobility due to air travel or other reason, or take oral contraceptives ("The Pill")
- have heart disease, glaucoma or prostatic hypertrophy
- are addicted to alcohol. You should not take Prochlorperazine Mesylate Injection if you are under the effects of alcohol.
- are pregnant. Prochlorperazine Mesylate Injection should not be used during pregnancy unless your doctor considers the benefits to you markedly outweighs the potential risks to the fetus.
- are taking barbiturates, painkillers, narcotics or, antihistamines or other drugs that make you drowsy.
- have any allergies to this drug or its ingredients
- have or ever had a blackout or seizure
- are breastfeeding.

Prochlorperazine Mesylate Injection may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery, especially during the first few days of therapy. You should be cautious when performing potentially hazardous tasks.

Effects on Newborns:
In some cases, babies born to a mother taking Prochlorperazine Mesylate Injection during pregnancy have experienced symptoms that are severe and require the newborn to be hospitalized. Sometimes, the symptoms may resolve on their own. Be prepared to seek immediate emergency medical

attention for your newborn if they have difficulty breathing, are overly sleepy, have muscle stiffness, or floppy muscles (like a rag doll), are shaking, or are having difficulty feeding.

People who take Prochlorperazine Mesylate Injection are cautioned:

- Against exposure to extreme heat
- That drugs such as Prochlorperazine Mesylate Injection increase the toxicity of certain types of insecticides ("organophosphorous" insecticides) including insecticides for agriculture (farming), treating animals (flea and tick control) and for treating pests around the house and garden. Be cautious if you must use these products while using Prochlorperazine Mesylate Injection.

INTERACTIONS WITH THIS MEDICATION

- Prochlorperazine Mesylate Injection can add to the effects of alcohol. You should avoid consuming alcoholic beverages while on Prochlorperazine Mesylate Injection therapy.
- Tell your doctor about all your prescription and over-the-counter medications, vitamins, minerals, herbal products (such as St. John's Wort), and drugs prescribed by other doctors. Do not start a new medication without telling your doctor.
- Before using Prochlorperazine Mesylate Injection, tell your doctor if you regularly use other medicines that make you sleepy (such as cold or allergy medicine, narcotic pain medicine, sleeping pills, muscle relaxants, and medicine for seizures, depression, or anxiety). You should not use Prochlorperazine Mesylate Injection if you have drowsiness caused by other medications.
- Drugs that may interact with Prochlorperazine Mesylate Injection include: anti-anxiety agents, antidepressants, muscle relaxants, anti-seizure medicine, high blood pressure medicine, cabergoline, metrizamide, guanethidine, guanadrel, grepafloxacin, sparfloxacin, lithium, cisapride, atropine-like drugs, narcotic pain relievers (e.g., codeine), drugs used to aid sleep, drowsiness-causing antihistamines (e.g., diphenhydramine), other drugs that may make you drowsy.
- Many cough-and-cold products contain ingredients that may add a drowsiness effect. Before using cough-and-cold medications, ask your doctor or pharmacist about the safe use of those products. Do not start or stop any medicine without doctor or pharmacist approval.
- This list is not complete and there may be other drugs that can interact with Prochlorperazine Mesylate Injection

PROPER USE OF THIS MEDICATION

This medication should be given as an injection exactly as prescribed. During the first few days your doctor may gradually increase your dose to allow your body to adjust to the medication. Do not take this more often or increase your dose without consulting your doctor. Your condition will not improve any faster but the risk of serious side effects will be increased. Do not stop taking this drug suddenly without your doctor's approval.

Usual dose:
Your doctor will decide which dose is best for you.

IM Dosage: The drug is given by deep intramuscular injection. Total daily dosage rarely exceeds 40 mg, except in severe psychiatric cases. When control is achieved, the oral route should be substituted.

For treatment of psychiatric illness: For the immediate control of severely disturbed patients, 10 to 20 mg initially, repeated every 2 to 4 hours until control is obtained. More than 3 or 4 doses are seldom necessary. The patients should be kept in bed and under medical supervision.

To Control Nausea, Vomiting or Excessive Anxiety:
5 to 10 mg, 2 or 3 times a day.

Children's doses:
Daily dosage, administered in divided doses, should be based on body weight rather than on age, and should not be exceeded. Do not administer to children under 2 years of age or 9 kg of body weight. Occasionally the patient may react to the drug with signs of restlessness and excitement; if this occurs, treatment should be discontinued.

Your dosage may be increased or decreased by your doctor depending on your response to the treatment.

Overdose:

In case of drug overdose, contact a health care practitioner, hospital emergency department or regional Poison Control Centre immediately, even if there are no symptoms.

Overdose symptoms may include agitation, and confusion, drowsiness, dizziness, muscle stiffness or twitching, increased salivation, trouble swallowing, weakness, loss of balance or coordination, and fainting.

Missed Dose:
Take the missed dose as soon as you remember. If it is almost time for your next dose, wait until then to take the medicine and skip the missed dose. Do not double your dose to make up the missed dose.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Like other medications, Prochlorperazine Mesylate Injection may cause some side effects. These side effects may be minor and temporary. However, some may be serious and need medical attention.

Side effects may include: sweating, urinary incontinence, dizziness, drowsiness, dry mouth, nasal congestion, skin changes, insomnia, depression, agitation, anxiety, restlessness, excitement and bizarre dreams, decreased appetite, swelling of the hands and/or feet, nausea and vomiting, headache, menstrual changes, change in libido, swelling of the breasts and milk production in both men and women, weight changes and blurred vision.

If any of these affects you severely, tell your doctor.
Your doctor should check your body weight before starting Prochlorperazine Mesylate Injection and continue to monitor it for as long as you are being treated.

Your doctor should take blood tests before starting Prochlorperazine Mesylate Injection. They will monitor blood sugar, and the number of infection fighting white blood cells. Your doctor should continue to monitor your blood for as long as you are being treated.

If you have high levels of prolactin (measured with a blood test) and a condition called hypogonadism you may be at increased risk of breaking a bone due to osteoporosis. This occurs in both men and women.

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM

Symptom / effect		Talk with your doctor or pharmacist		Stop taking drug and seek immediate emergency medical attention
		Only if severe	In all cases	
Unknown	**Allergic Reaction:** rash, hives, swelling of the face, lips, tongue or throat, difficulty swallowing or breathing			✓

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM

Symptom / effect		Talk with your doctor or pharmacist		Stop taking drug and seek immediate emergency medical attention
		Only if severe	In all cases	
	Neuroleptic Malignant Syndrome: any group of symptoms which may include high fever, sweating, stiff muscles, fast heartbeat, fast breathing and feeling confused, drowsy or agitated			✓
	Extrapyramidal Symptoms: muscle stiffness, body spasm, upward eye rolling, exaggeration of reflexes, drooling, difficulty moving how and when you want			✓
	Fast or irregular heartbeat		✓	
	Seizures or fits			✓
	Long-lasting (greater than 4 hours in duration) and painful erection of the penis.			✓
	Tardive Dyskinesia: uncontrollable movements or twitches of the body, face, eyes or tongue, stretching the neck and body		✓	

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM				
Symptom / effect		**Talk with your doctor or pharmacist**		**Stop taking drug and seek immediate emergency medical attention**
		Only if severe	**In all cases**	
	Low Blood Pressure: feeling of lightheadedness or fainting especially when getting up from a lying or sitting position		✓	
	High Blood Pressure: headaches, vision disorders, nausea and vomiting		✓	
	Decreased sweating		✓	
	Jaundice: yellow colour to skin and eyes, dark urine		✓	
	Respiratory Infection: fever, flu-like symptoms, coughing, difficult or fast breathing		✓	
	New or worsening constipation		✓	
	Akathisia: a feeling of restlessness, inability to remain motionless		✓	
	Vision Changes: blurred vision, glaucoma or other eye disorder		✓	
	Increased Blood Sugar: frequent urination, thirst and hunger	✓		

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM				
Symptom / effect		**Talk with your doctor or pharmacist**		**Stop taking drug and seek immediate emergency medical attention**
		Only if severe	**In all cases**	
Uncommon	**Blood clots:** swelling pain and redness in an arm or leg that can be warm to touch. You may develop sudden chest pain, difficulty breathing and heart palpitations.		✓	

This is not a complete list of side effects. For any unexpected effects while taking Prochlorperazine Mesylate Injection, contact your doctor or pharmacist.

HOW TO STORE IT

Store between 15 and 30°C. Protect from light. Discard if markedly discoloured

Keep this and all medications out of the reach and sight of children

REPORTING SUSPECTED SIDE EFFECTS
You can report any suspected adverse reactions associated with the use of health products to the Canada Vigilance Program by one of the following 3 ways:

Report online at www.healthcanada.gc.ca/medeffect
Call toll-free at 1-866-234-2345
Complete a Canada Vigilance Reporting Form and:
- Fax toll-free to 1-866-678-6789, or
- Mail to: Canada Vigilance Program
Health Canada
Postal Locator 0701E
Ottawa, Ontario
K1A 0K9

Postage paid labels, Canada Vigilance Reporting Form and the adverse reaction reporting guidelines are available on the MedEffect™ Canada Web site at www.healthcanada.gc.ca/medeffect.

NOTE: Should you require information related to the management of side effects, contact your health professional. The Canada Vigilance Program does not provide medical advice.

For more information, please contact your doctor, pharmacist or other healthcare professional.

MORE INFORMATION

This document plus the full product monograph, prepared for health professionals can be found by contacting the sponsor, Sandoz Canada Inc., at:

1-800-361-3062

or by written request at:
145 Jules-Léger
Boucherville QC
J4B 7K8

Or by e-mail at :
medinfo@sandoz.com

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