SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Chlorpromazine 100 mg Tablets

Chlorpromazine 25 mg Tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Chlorpromazine 100 mg Tablets: Each tablet contains 100 mg Chlorpromazine as Hydrochloride salt.

Chlorpromazine 25 mg Tablets: Each tablet contains 25 mg Chlorpromazine as Hydrochloride salt.

Excipient(s) with known effect: Lactose.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablet.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Schizophrenia and other psychoses (especially where paranoia is a predominant symptom), mania and hypomania. In anxiety, psychomotor agitation, excitement, violent or dangerously impulsive behaviour. Chlorpromazine may be used as an adjunct in the short-term management of these conditions.

Intractable hiccup.

Nausea and vomiting in terminal illness (where other drugs have failed or are not available).

Induction of hypothermia is facilitated by Chlorpromazine Tablets, which prevent shivering and cause vasodilatation.

Childhood schizophrenia and autism.

4.2 Posology and method of administration

Posology

Dosages should be low to begin with and gradually increased under close supervision until the optimum dosage for the individual is reached.

Individuals vary considerably and the optimum dose may be affected by the formulation used.

Dosage of chlorpromazine in schizophrenia, other psychoses, anxiety and agitation etc.

Adult: Initially 25 mg t.d.s. or 75 mg at bedtime, increasing by daily amounts of 25 mg to an effective maintenance dose. This is usually in the range 75 to 300 mg daily, but some patients may require up to 1 g daily.

Children under 1 year: Do not use unless the risk-benefit ratio has been assessed.

Children 1-5 years: 0.5 mg/kg body weight every 4-6 hours, to a maximum recommended dose of 40 mg daily.

Children 6-12 years: 1/3 to 1/2 adult dose, to a maximum recommended dose of 75 mg daily.

Elderly or debilitated patients: Start with 1/3 to 1/2 usual adult dose, with a more gradual increase in dosage.

Hiccups

Adult: 25-50 mg t.d.s. or q.d.s. Elderly or debilitated patients: As for adults.

Nausea and vomiting of terminal illness

Adults: 10-25 mg every 4-6 hours.

Children under 1 year: Do not use unless the risk-benefit ratio has been assessed.

Children 1-5 years: 0.5 mg/kg every 4-6 hours; maximum daily dosage should not exceed 40 mg.

Children 6-12 years: 0.5 mg/kg every 4-6 hours; maximum daily dosage should not exceed 75 mg.

Elderly or debilitated patients: Initially 1/3 to 1/2 adult dose; the physician should then use clinical judgment to obtain control.

Method of administration: Oral.

4.3 Contraindications

- Hypersensitivity to chlorpromazine or to any of the excipients listed in section 6.1.

- Hypothyroidism.
- Bone marrow depression.
- Phaeochromocytoma.
- Myasthenia gravis.
- Risk of angle-closure glaucoma.
- Risk of urinary retention related to urethro-prostatic disorders.
- History of agranulocytosis.
- Dopaminergic antiparkinsonism agents.
- Nursing mothers.
- Citalopram, escitalopram.

Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.4 Special warnings and precautions for use

Blood dyscrasias: All patients must be advised that, if they experience fever, sore throat or any other infection, they should inform their physician immediately and undergo a complete blood count. Treatment will be discontinued if any marked changes (hyperleucocytosis, granulocytopenia) are observed. As agranulocytosis has been reported, regular monitoring of the complete blood count is recommended.

Neuroleptic malignant syndrome: Treatment must be interrupted in the event of unexplained hyperpyrexia, since this can be one of the signs of neuroleptic malignant syndrome (pallor, hyperthermia, disorders of autonomic function, altered consciousness, muscle rigidity). Signs of autonomic instability, such as hyperhidrosis and irregular blood pressure, can precede the onset of hyperthermia.

Chlorpromazine should be avoided in patients with hypothyroidism, phaeochromocytoma, myasthenia gravis and prostate hypertrophy, and in those known to be hypersensitive to phenothiazines or with a history of narrow angle glaucoma or agranulocytosis.

Acute withdrawal symptoms, including nausea, vomiting and insomnia, have very rarely been reported following abrupt cessation of high doses of neuroleptics; gradual withdrawal is advisable.

QT prolongation: Neuroleptic phenothiazines may potentiate QT interval prolongation, increasing the risk of serious ventricular arrhythmias of the torsade de pointes type, which is potentially fatal. This risk is

exacerbated by bradycardia, hypokalaemia, and congenital or acquired QT prolongation. Medical and laboratory evaluations should be performed to rule out risk factors before initiating treatment and as deemed necessary during treatment.

Except under exceptional circumstances, this drug must not be administered to patients with Parkinson's disease. Concomitant use with lithium, other QT-prolonging agents, and dopaminergic antiparkinsonism agents is not recommended.

Paralytic ileus, potentially indicated by abdominal bloating and pain, must be treated as an emergency.

Venous thromboembolism (VTE), sometimes fatal, has been reported with antipsychotic drugs; all possible risk factors should be identified before and during treatment, and preventive measures undertaken.

Stroke: An increased risk of cerebrovascular events has been observed in elderly patients with dementia treated with certain antipsychotic drugs. Chlorpromazine should be used with caution in patients with stroke risk factors.

Elderly patients with dementia: Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at increased risk of death. Chlorpromazine is not licensed for the treatment of dementia-related behavioural disturbances.

Chlorpromazine should not be used alone where depression is predominant, though it may be combined with antidepressant therapy where depression and psychosis coexist.

Because of the risk of photosensitisation, patients should be advised to avoid exposure to direct sunlight.

Hyperglycaemia or intolerance to glucose has been reported; patients with diabetes or risk factors should receive appropriate glycaemic monitoring.

Populations requiring close monitoring include epileptics (chlorpromazine may lower the seizure threshold), elderly patients (orthostatic hypotension, sedation, extrapyramidal effects, constipation, prostatic hypertrophy), patients with cardiovascular disease (quinidine-like effects, tachycardia, hypotension), and patients with severe liver and/or renal failure (risk of accumulation).

Patients on long-term treatment should receive regular ophthalmological and haematological examinations, and should avoid alcohol and alcohol-containing preparations.

Treatment should be discontinued immediately, with an alternative antipsychotic considered, if severe liver toxicity, eosinophilia, or drug reaction with eosinophilia and systemic symptoms (DRESS) occurs.

This medicine contains lactose and less than 1 mmol sodium (23 mg) per tablet (essentially 'sodium-free').

Paediatric population: Since there is potential to impact cognitive function, children should undergo a yearly clinical examination to evaluate learning capacity, with dosage adjusted regularly.

4.5 Interaction with other medicinal products and other forms of interaction

Adrenaline must not be used in patients overdosed with chlorpromazine.

Anticholinergic drugs may reduce the antipsychotic effect of chlorpromazine, and its mild anticholinergic effect may be enhanced by other anticholinergic drugs.

The action of amphetamine, levodopa, clonidine, guanethidine and adrenaline may be opposed by chlorpromazine.

There is an increased risk of agranulocytosis with concurrent use of myelosuppressive drugs such as carbamazepine or certain antibiotics and cytotoxics.

Combinations contraindicated: Dopaminergics (quinagolide, cabergoline), citalopram and escitalopram.

Combinations not recommended: Dopaminergic antiparkinsonism agents (amantadine, bromocriptine, cabergoline, levodopa, lisuride, pergolide, piribedil, ropinirole); QT-prolonging drugs; alcohol; lithium (with high doses of neuroleptics).

Combinations requiring precautions: Antidiabetic agents (risk of increased blood sugar with high chlorpromazine doses); topical gastrointestinal agents (decreased absorption — administer more than 2 hours apart); CYP1A2 inhibitors (may increase chlorpromazine plasma concentrations).

Combinations to be taken into consideration: Antihypertensive agents (potentiation of hypotensive effect); atropine and atropine derivatives

(build-up of atropine-associated effects); other CNS depressants (increased central depression).

4.6 Fertility, pregnancy and lactation

Pregnancy

There is inadequate evidence of the safety of chlorpromazine in human pregnancy. It should be avoided in pregnancy unless the physician considers it essential. It may occasionally prolong labour. Possible adverse effects on the foetus include lethargy or paradoxical hyperexcitability, tremor and low Apgar score. Neonates exposed during the third trimester are at risk of extrapyramidal and/or withdrawal symptoms after delivery; newborns should be monitored carefully.

Breast-feeding

Chlorpromazine is excreted in milk; breast-feeding is not recommended during treatment.

Fertility

A decrease in fertility was observed in female animals treated with chlorpromazine. In humans, chlorpromazine may cause hyperprolactinaemia, which can be associated with impaired fertility in women.

4.7 Effects on ability to drive and use machines

Patients, particularly drivers and machine operators, should be warned of the risk of drowsiness with this medication, especially at the start of treatment.

4.8 Undesirable effects

Blood and lymphatic system disorders: Agranulocytosis, leukopenia, eosinophilia, thrombocytopenia.

Immune system disorders: Systemic lupus erythematosus, antinuclear antibody positive, bronchospasm, anaphylactic reactions.

Endocrine disorders: Hyperprolactinaemia, amenorrhoea (common); galactorrhoea, gynaecomastia, erectile dysfunction, impotence, female sexual arousal disorder (not known).

Metabolism and nutrition disorders: Weight increased (very common); glucose tolerance impaired (common); hyperglycaemia, hypertriglyceridaemia, hyponatraemia, inappropriate antidiuretic hormone secretion (not known).

Psychiatric disorders: Anxiety (common); lethargy, mood altered (not known).

Nervous system disorders: Sedation, somnolence, dyskinesia, tardive dyskinesia, extrapyramidal disorder, akathisia (very common); hypertonia, convulsion (common); torticollis, oculogyric crisis, trismus, akinesia, hyperkinesia, neuroleptic malignant syndrome, Parkinsonism (not known).

Eye disorders: Accommodation disorder, deposit eye, ocular changes (not known).

Cardiac disorders: ECG changes including QT prolonged, ST depression, U-wave and T-wave changes (common); cardiac arrhythmias including ventricular arrhythmia, AV block, ventricular fibrillation, ventricular tachycardia, torsade de pointes, cardiac arrest, sudden death (not known).

Vascular disorders: Orthostatic hypotension (very common); venous embolism, pulmonary embolism, deep vein thrombosis (not known).

Respiratory, thoracic and mediastinal disorders: Respiratory depression, nasal stuffiness (not known).

Gastrointestinal disorders: Dry mouth, constipation (very common); ischaemic colitis, paralytic ileus, intestinal perforation, gastrointestinal necrosis, necrotising colitis, intestinal obstruction (not known).

Hepatobiliary disorders: Cholestatic jaundice, hepatocellular, mixed liver injury (not known).

Skin and subcutaneous tissue disorders: Allergic dermatitis, angioedema, contact skin sensitisation, skin rashes, urticaria, photosensitivity reaction (not known).

Renal and urinary disorders: Urinary retention (not known).

Pregnancy, puerperium and perinatal conditions: Neonatal drug withdrawal syndrome (not known).

Reproductive system and breast disorders: Priapism (not known).

General disorders and administration site conditions: Temperature regulation disorder, insomnia, agitation (not known).

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse reactions via the Pharmacy and Poisons Board, Pharmacovigilance Electronic Reporting System (PvERS):

https://pv.pharmacyboardkenya.org

4.9 Overdose

Symptoms of chlorpromazine overdosage include drowsiness or loss of consciousness, hypotension, tachycardia, ECG changes, ventricular arrhythmias, hypothermia, Parkinsonism, convulsions and coma; severe extrapyramidal dyskinesias may occur.

Treatment should be symptomatic with continuous respiratory and cardiac monitoring (risk of prolonged QT interval) until the patient's condition resolves. If seen within 6 hours of ingestion, gastric lavage may be attempted; activated charcoal should be given. There is no specific antidote.

Generalised vasodilatation may cause circulatory collapse; raising the patient's legs may suffice in mild hypotension, but volume expansion by intravenous fluids (warmed, to avoid aggravating hypothermia) may be needed in severe cases. Positive inotropic agents such as dopamine may be tried; peripheral vasoconstrictors and adrenaline should be avoided.

Ventricular or supraventricular tachyarrhythmias usually respond to restoration of normal body temperature and correction of circulatory or metabolic disturbances; avoid lidocaine and long-acting antiarrhythmics where possible.

Pronounced CNS depression requires airway maintenance or assisted respiration. Severe dystonic reactions usually respond to procyclidine or orphenadrine; convulsions should be treated with intravenous diazepam. Neuroleptic malignant syndrome should be treated with cooling; dantrolene sodium may be tried.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antipsychotics.

ATC code: N05AA01.

Chlorpromazine is a phenothiazine neuroleptic with depressant actions on the Central Nervous System, alpha-adrenergic blocking and anticholinergic activities. It inhibits dopamine and prolactin release-inhibitory factor, thus stimulating the release of prolactin, and increases the turnover of dopamine in the brain. It has anti-emetic, anti-pruritic, serotonin-blocking and weak anti-histamine properties, and slight ganglion-blocking activity. It inhibits the heat-regulating centre in the brain, is analgesic, and can relax skeletal muscle. Due to its action on the autonomic system it produces vasodilation, hypotension and tachycardia. Salivary and gastric secretions are reduced.

5.2 Pharmacokinetic properties

Chlorpromazine is rapidly absorbed and widely distributed in the body. It is metabolised in the liver and excreted in the urine and bile. Whilst plasma concentration of chlorpromazine itself rapidly declines, excretion of its metabolites is very slow. The drug is highly bound to plasma protein and readily diffuses across the placenta. Small quantities have been detected in the milk of treated women. Children require smaller dosages per kg than adults.

5.3 Preclinical safety data

Not applicable.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

6.2 Incompatibilities

Chlorpromazine can increase the central nervous system depression produced by other CNS-depressant drugs including alcohol, hypnotics, sedatives or strong analgesics. It antagonises the action of adrenaline and other sympathomimetics, and reverses the blood-pressure-lowering

effects of adrenergic blocking agents such as guanethidine and clonidine. It may impair the metabolism of tricyclic antidepressants, the anti-Parkinson effects of levodopa, and the effects of anticonvulsants; it may possibly affect diabetes control or anticoagulant action. Antacids can impair absorption; tea and coffee may prevent absorption by causing insoluble precipitates.

6.3 Shelf life

6.4 Special precautions for storage

Do not store above 25°C. Store in the original package.

6.5 Nature and contents of container

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. Marketing Authorization Holder

Cosmos Limited,

Rangwe Road; Off Lunga Lunga, Industrial Area,

P.O Box 41433, GPO 00100-Nairobi, Kenya.

8. Marketing Authorization Numbers

Chlorpromazine 100 mg Tablets: H1989/3601

9. Date of registration

10. Date of revision of the text

04 September 2026