

# Prescribing Support Series 3: PROMETHAZINE for managing agitation and insomnia

**Promethazine hydrochloride** is a sedating antihistamine, available as:

- 10 mg, 20 mg\* & 25 mg\* tablets
- 1 mg per ml oral solution\*
- 25 mg per ml injection

*\*available to patients without prescription (OTC); limiting prescription supplies may not limit use*

### Indications / approved use in TEWV:

- Promethazine hydrochloride tablets are mainly prescribed on inpatient settings in TEWV as an alternative to benzodiazepines for the short-term management of insomnia<sup>1</sup> (licensed) or agitation<sup>2</sup> (approved unlicensed use). This is predominantly “as required” but may be regular for more acutely unwell patients.
- For more severe agitation / disturbed behaviour, presenting a risk to the patient or others, it may be given by IM injection<sup>3</sup> in line with the Trust’s [Rapid Tranquillisation Policy](#) and [NICE guidelines](#)
- Use of oral treatment in community settings for the above indications is increasing and, anecdotally, for longer term. This may be contributing to increasing costs in primary care (see [below](#))

1. 25-50 mg
2. 25-50 mg; minimum dose interval 4 hours; max. 100 mg in 24 hours
3. 25-50 mg; if partial response, consider further dose after minimum 1 hour; max. 100 mg in 24 hours

### Local formulary / commissioning status:

- NENC formulary (applies to DTVF care group): **GREEN** - as a sedative
- York & Scarborough formulary (applies to NYYS care group): **GREEN** - as 2<sup>nd</sup> line option after temazepam & zopiclone, for insomnia in adults only

### Risks / concerns:

- High ACB / AEC score of 3, therefore associated with increased cognitive impairment and anticholinergic side effects such as confusion, dizziness & falls – avoid in the elderly, and prioritise the elderly for deprescribing
- Risk of QT-prolongation, particularly with other drugs with this effect.
- Risk of abuse – potentiates the “high” from opioids

### Recommendations:

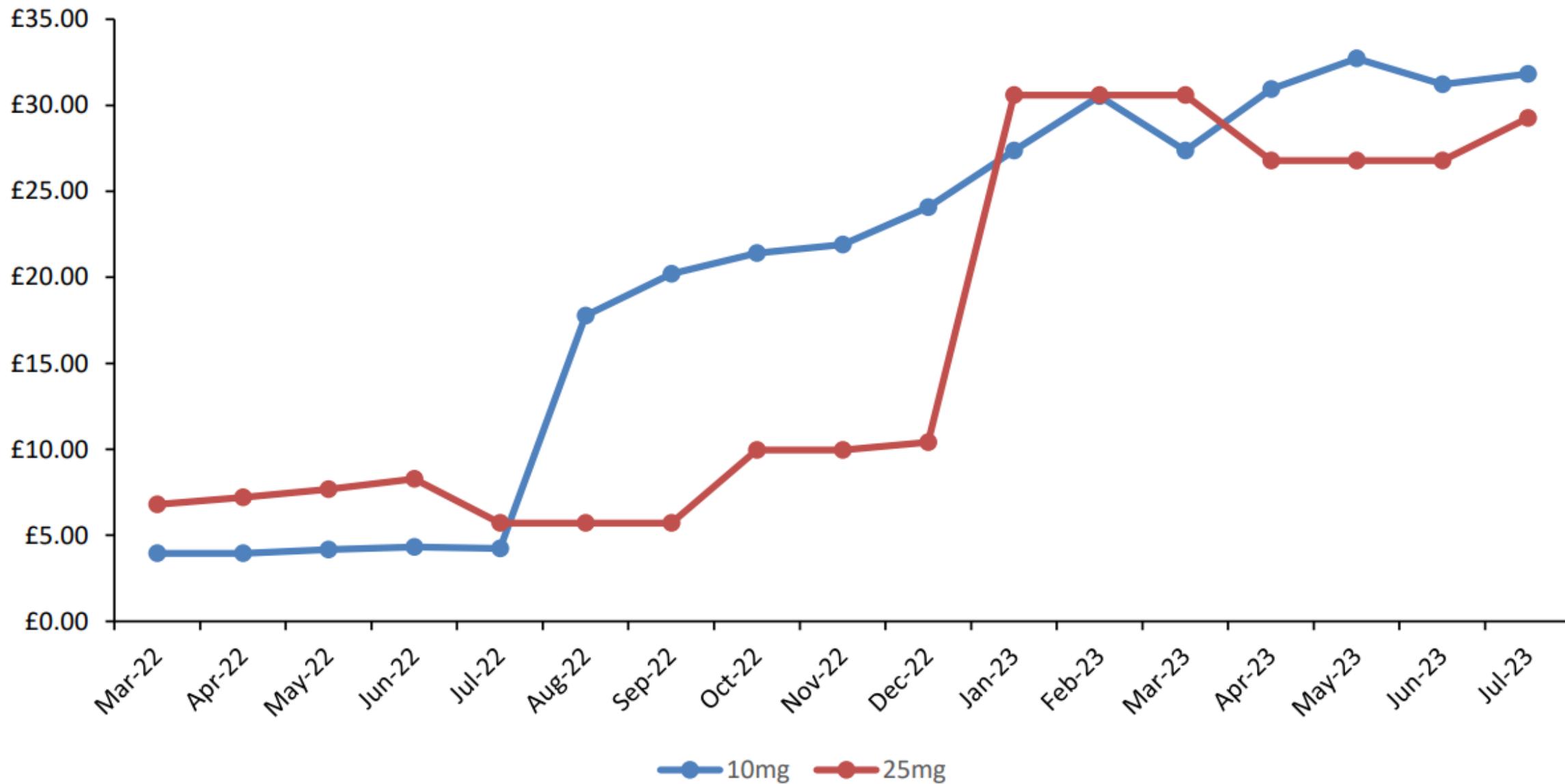
1. Despite its **GREEN** status (which supports initiation in primary care) continuation and transfer of prescribing at discharge from inpatient wards is **strongly discouraged**.
2. In community settings, initiation should be **minimised** – any request to primary care to initiate, or continue established use, should include a clear indication and rationale, and a plan for review of efficacy and tolerability
3. Undertake a **review of current prescribing** in all settings to determine indication and whether treatment needs to continue. If treatment needs to continue consider prescribing a less costly sedating antihistamine or, if using an FP10, prescribing by brand (Phenergan®)

### References:

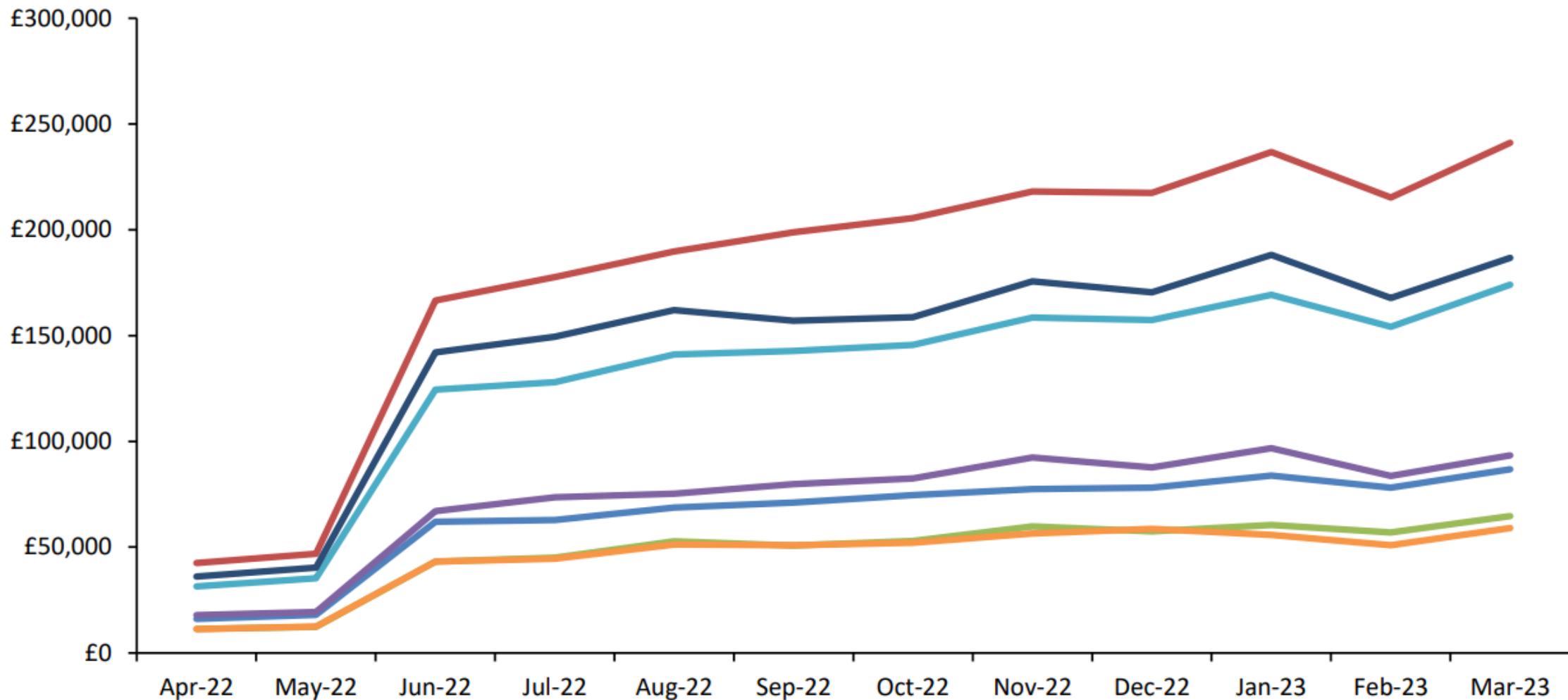
- BNF online (accessed 15<sup>th</sup> March 2024)
- Prescribing bulletin No.14: Budget impact of promethazine prescribing. RDTC, August 2023
- Position statement on promethazine in primary care. Hertfordshire & West Essex ICB, Sept. 2023

Title	PSS3: Promethazine for agitation	To obtain a more accessible version of this document, please email: <a href="mailto:Teww.pharmacyadmin@nhs.net">Teww.pharmacyadmin@nhs.net</a>
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Review by	1 <sup>st</sup> April 2027	

# Price per pack of promethazine hydrochloride tablets (56) Since Mar 2022



### Spend on promethazine hydrochloride tablets 10mg and 25mg by ICB: April 2022 - Mar 2023



— NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

— NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

— NHS NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

— NHS WEST YORKSHIRE INTEGRATED CARE BOARD

— NHS GREATER MANCHESTER INTEGRATED CARE BOARD

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