

CORE DEXTROMETHORPHAN PRODUCT INFORMATION

Product description

This section should include:

- a description of the dosage form;
- a list of the active ingredients expressed quantitatively; and
- a list of the excipients expressed qualitatively

Pharmacology

Pharmacokinetics:

Dextromethorphan is well absorbed from the gastrointestinal tract after oral administration. It is metabolised in the liver, exhibiting polymorphic metabolism involving the cytochrome P450 isoenzyme (CYP 2D6). It is excreted in the urine as unchanged dextromethorphan and demethylated metabolites, including dextrorphan, which has some cough suppressant activity. The plasma elimination half-life of dextromethorphan is 1.2 to 3.9 hours. However, the rate of metabolism varies between individuals according to phenotype (extensive v poor metabolisers), with half-life being as long as 45 hours in patients who are poor metabolisers.

Pharmacodynamics/Mechanism of action:

Dextromethorphan is a non-opioid cough suppressant. It is the methylated dextrorotatory analogue of levorphanol, a codeine analogue. Dextromethorphan acts centrally on the cough centre in the medulla and nucleus tractus solaris to increase the cough threshold. It does not have classical analgesic, sedative or respiratory depressant effects at usual antitussive doses.

Indications

This section must contain the indications of the product as specified in the ARTG. If the indications are not specified in the ARTG (e.g. for a non-validated grandfathered product), the indications must be as specified on the product label.

Contraindications

Dextromethorphan is contraindicated for use in patients with known hypersensitivity or idiosyncratic reaction to dextromethorphan (or any of the other ingredients in the product).

Refer to 'Interactions with other medicines' for additional information

Precautions

Dextromethorphan should not be used for chronic persistent cough accompanying a disease state, or for cough associated with excessive secretions.

Dextromethorphan should not be given to patients with or at risk of developing respiratory failure, e.g. asthma, chronic obstructive airways disease, and pneumonia. Caution is needed in patients with a history of asthma and it should not be given during an acute attack.

Refer to 'Interactions with other medicines' for additional information

Use in pregnancy

Category A: Dextromethorphan has been taken by a large number of pregnant women and women of child bearing age without any proven increase in the frequency of malformations or other direct or indirect harmful effects on the foetus having been observed.

Lactation

It is not known whether dextromethorphan is excreted in breast milk or whether it has a harmful effect on the breastfeeding infant. Therefore it is not recommended for breastfeeding mothers unless the potential benefits to the patient are weighed against the possible risk to the infant.

Interaction with other medicines

The following interactions with dextromethorphan have been noted:

Dextromethorphan should not be used in patients taking monoamine oxidase inhibitors (MAOIs) or who have taken MAOIs within the previous 14 days. The use of dextromethorphan with, or within two weeks of taking MAOIs, may increase the risk of serious side effects such as hypertensive crisis, hyperpyrexia and convulsions.

Dextromethorphan when used with SSRI's (such as fluoxetine) or tricyclic antidepressants (such as clomipramine and imipramine) may result in a "serotonin syndrome" with changes in mental status, hypertension, restlessness, myoclonus, hyperreflexia, diaphoresis, shivering and tremor.

Serum levels of dextromethorphan may be increased by the concomitant use of inhibitors of cytochrome P450 2D6, such as the antiarrhythmics quinidine and amiodarone, antidepressants such as fluoxetine and paroxetine, or other drugs which inhibit cytochrome P450 2D6 such as haloperidol and thioridazine.

Concomitant use of dextromethorphan and other CNS depressants (e.g. alcohol, narcotic analgesics and tranquillizers) may increase the CNS depressant effects of these drugs.

Adverse reactions

Side effects with usual doses are uncommon but may include mild drowsiness, fatigue, dystonias, dizziness and gastrointestinal disturbances (nausea or vomiting, stomach discomfort, or constipation).

Side effects that may occur with high doses (overdosage) include excitation, confusion, psychosis, nervousness, irritability, restlessness, "serotonin syndrome", severe nausea and vomiting, and respiratory depression.

Dosage

This section must contain the current dosage instructions of the registered product, as specified on the product label.

Overdosage

In case of overdose, immediately contact the Poisons Information Centre (in Australia, call 13 11 26; in New Zealand call 0800 764 766) for advice.

Presentation

Information should be included on:

- *the presentation, including dosage form and pack sizes;*
- *identifying details (eg. colour, shape, identifying markings);*
- *poisons schedule details; and*
- *name and address of the sponsor.*

Include the date of approval as the date on which the notification application is lodged