Naphcon-A; Opcon-A; ***Hung.:*** Fervex; Neo Citran; ***India:*** Avil Expectorant; Cosavil; Dristan Nasal Drops; ***Indon.:*** Flamergi; Isotic Azora; Naphcon-A; ***Israel:*** Tussosedan; ***Ital.:*** Nafcon A†; Senodin-AN; Stillergy; Tetramil; Triaminic; Triaminicflu; ***Malaysia:*** Naphcon-A; ***Mex.:*** Eyrasil; Istasol; Mirus; Opcon-A; Solutina; ***NZ:*** Naphcon-A; Visine Allergy; ***Philipp.:*** Deconcon A; Naphcon-A; Optaphen; ***Pol.:*** Fervex; Theraflu ExtraGRIP; ***Rus.:*** Rinzasip (Ринзасип); TheraFlu Flu and Cold (ТераФлю от Гриппа и Простуды Экстра); ***S.Afr.:*** Calasthetic; Coff-Up; Degoran; Dristan Decongestant Nasal Mist; ***Singapore:*** Naphcon-A; ***Switz.:*** Neo Citran Grippe/refroidissement; ***Thai.:*** Naphcon-A; ***Turk.:*** Antibeksin; ***UAE:*** Histol Exp; ***USA:*** Dristan Nasal Spray; Nafazair A†; Naphazoline Plus; Naphcon-A; Naphoptic-A; Ocuhist; Opcon-A; Poly-Histine†; Scot-Tussin Original 5-Action; TheraFlu Cold & Cough; Tussirex; Visine-A; ***Venez.:*** Robitessin AC†; Soluclear; Tempragrip.

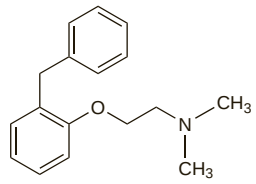
Phenyltoloxamine Citrate *(BANM, rINNM)*

C-5581H (phenyltoloxamine); Citrato de feniltoloxamina; Phényltoloxamine, Citrate de; Phenyltoloxamini Citras; Phenyltolyloxamine Citrate; PRN (phenyltoloxamine). 2-(2-Benzylphenoxy)-*NN*-dimethylethylamine dihydrogen citrate.

Фенилтолоксамина Цитрат

$C_{17}H_{21}NO,C_6H_8O_7$ = 447.5.

CAS — 92-12-6 (phenyltoloxamine); 1176-08-5 (phenyltoloxamine citrate).



(phenyltoloxamine)

Pharmacopoeias. In *US.*

USP 31 (Phenyltoloxamine Citrate). A white crystalline powder. Very soluble in boiling water; slightly soluble in cold water and in alcohol; practically insoluble in cold acetone, in solvent ether, and in toluene. pH of a 1% solution in water is between 3.2 and 4.2.

Profile

Phenyltoloxamine citrate, a monoethanolamine derivative, is a sedating antihistamine (p.561). It is usually given orally in combination preparations with a decongestant or analgesic. Phenyltoloxamine citrate has been used in nasal preparations. Phenyltoloxamine polistirex has also been given orally.

Preparations

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: ***Austria:*** Codipront; ***Braz.:*** Afebrin†; Setux; Setux Expectorante; ***Canad.:*** Omni-Tuss†; Tussionex; ***Chile:*** Codipront†; Matinor; Rinofrim†; Sinutab; Tossin†; ***Cz.:*** Codipront†; ***Fr.:*** Biocidan; Netux†; ***Ger.:*** Codipront†; ***Hong Kong:*** Codipront; ***Indon.:*** Codipront; Codipront cum Expectorant; ***Israel:*** Codivis; ***Ital.:*** Codipront†; ***Philipp.:*** Sinutab; ***Port.:*** Codipront; ***S.Afr.:*** Adco-Sinal Co; Dequa-Flu; Pholtex Linctus; Sinustop; Sinustop with Codeine; Sinutab; Sinutab with Codeine; Suncodin; ***Singapore:*** Codipront†; ***Spain:*** Codipront†; ***Switz.:*** Codipront; Codipront cum Expectorans†; ***Thai.:*** Codipront†; ***Turk.:*** Benzoleks; ***USA:*** Aceta-Gesic; Anabar; Be-Flex Plus; BP Poly-650; By-Ache; Cafgesic Forte; Chlorex-A; Combiflex; Combiflex ES; Comhist LA; Durabac Forte; Duraxin; Flextra; Hyflex; Lagesic; Levacet; Lobac; Major-gesic; Mobigesic; Momentum; Nalex-A; Pain-gesic; Percogesic; Phenylgesic; Poly-Histine†; Relagesic; Staflex; Tetra-Mag; ***Venez.:*** Codipront; Efoxamina†.

Pimethixene *(rINN)*

BP-400; Piméthixène; Pimethixenum; Pimetixene; Pimetixeno. 9-(1-Methyl-4-piperidylidene)thioxanthene.

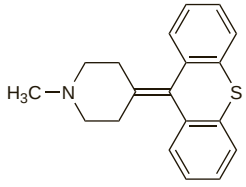
Пиметиксен

$C_{19}H_{19}NS$ = 293.4.

CAS — 314-03-4.

ATC — R06AX23.

ATC Vet — QR06AX23.



Profile

Pimethixene is reported to be a sedating antihistamine (p.561) and an inhibitor of serotonin. It is given to children in usual oral doses of about 1.8 to 5.5 mg daily for coughs. It has been used as a sedative and for the treatment of respiratory disorders.

Preparations

Proprietary Preparations (details are given in Part 3)

Braz.: Ansiotex; Muricalm; Sonin†; ***Fr.:*** Calmixene.

Multi-ingredient: ***Braz.:*** Santussal.

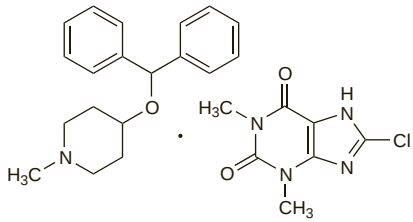
Piprinhydrinate *(BAN, rINN)*

Diphenylpyraline Teoclate; Diphenylpyraline Theoclate; Piprinhidrinato; Piprinhydrinatum. The diphenylpyraline salt of 8-chlorotheophylline; 4-Benzhydryloxy-1-methylpiperidine salt of 8-chlorotheophylline.

Пипрингидринат

$C_{19}H_{23}NO,C_7H_7ClN_4O_2$ = 496.0.

CAS — 606-90-6.



Profile

Piprinhydrinate, a piperidine derivative, is an antihistamine (p.561) given orally as an ingredient of compound preparations for the symptomatic relief of coughs and the common cold.

Preparations

Proprietary Preparations (details are given in Part 3)

Hong Kong: Plokon†; ***Thai.:*** Plokon.

Multi-ingredient: ***Austria:*** Waldheim Influvidon; ***Ger.:*** Kolton grippale N†.

Promethazine *(BAN, rINN)*

Prometatsiini; Prometazin; Prometazina; Prométhazine; Promethazinum. Dimethyl (1-methyl-2-phenothiazin-10-ylethyl)amine.

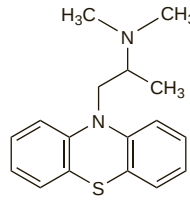
Прометазин

$C_{17}H_{20}N_2S$ = 284.4.

CAS — 60-87-7.

ATC — D04AA10; R06AD02.

ATC Vet — QD04AA10; QR06AD02.



Promethazine Hydrochloride *(BANM, rINNM)*

Diprazinum; Hidrocloruro de prometazina; Proazamine Chloride; Prometatsiinihydrokloridi; Prometazin Hidroklorür; Prometazin-hidroklorid; Prometazinhydroklorid; Prometazino hidrochloridas; Prometazyny chlorowodorek; Prométhazine, chlorhydrate de; Promethazin-hydrochlorid; Promethazini hydrochloridum; Promethazinium Chloride.

Прометазина Гидрохлорид

$C_{17}H_{20}N_2S$,HCl = 320.9.

CAS — 58-33-3.

ATC — D04AA10; R06AD02.

ATC Vet — QD04AA10; QR06AD02.

Pharmacopoeias. In *Chin., Eur.* (see p.vii), *Int., Jpn, US,* and *Viet.*

Ph. Eur. 6.2 (Promethazine Hydrochloride). A white or faintly yellowish, crystalline powder. Very soluble in water; freely soluble in alcohol and in dichloromethane. A 10% solution in water has a pH of 4.0 to 5.0. Protect from light.

USP 31 (Promethazine Hydrochloride). A white to faint yellow, practically odourless, crystalline powder. Slowly oxidises and acquires a blue colour on prolonged exposure to air. Freely soluble in water, in hot dehydrated alcohol, and in chloroform; practically insoluble in acetone, in ether, and in ethyl acetate. pH of a 5% solution in water is between 4.0 to 5.0. Store in airtight containers. Protect from light.

Adsorption. The adsorption of promethazine hydrochloride onto various glass and plastic containers and infusion systems has been studied.[1-4] Factors affecting the degree of adsorption included the particular material tested and the pH of the solution.

1. Kowaluk EA, *et al.* Interactions between drugs and polyvinyl chloride infusion bags. *Am J Hosp Pharm* 1981; **38:** 1308–14.
2. Kowaluk EA, *et al.* Interactions between drugs and intravenous delivery systems. *Am J Hosp Pharm* 1982; **39:** 460–7.
3. Rhodes RS, *et al.* Stability of meperidine hydrochloride, promethazine hydrochloride, and atropine sulfate in plastic syringes. *Am J Hosp Pharm* 1985; **42:** 112–5.
4. Martens HJ, *et al.* Sorption of various drugs in polyvinyl chloride, glass, and polyethylene-lined infusion containers. *Am J Hosp Pharm* 1990; **47:** 369–73.

Incompatibility. Solutions of promethazine hydrochloride are incompatible with alkaline substances, which precipitate the insoluble promethazine base. Compounds reported to be incompatible with promethazine hydrochloride include aminophylline, barbiturates, benzylpenicillin salts, carbenicillin sodium, chloramphenicol sodium succinate, chlorothiazide sodium, cefmetazole sodium, cefoperazone sodium, cefotetan disodium, dimenhydrinate, doxorubicin hydrochloride (in a liposomal formulation), furosemide, heparin sodium, hydrocortisone sodium succinate, meticillin sodium, morphine sulfate, nalbuphine hydrochloride, and some contrast media and parenteral nutrient solutions.

Promethazine Teoclate *(BAN, rINN)*

Prométhazine, Téoclate de; Promethazine Theoclate; Promethazini Teoclas; Teoclato de prometazina. The promethazine salt of 8-chlorotheophylline .

Прометазина Теоклат

$C_{17}H_{20}N_2S,C_7H_7ClN_4O_2$ = 499.0.

CAS — 17693-51-5.

ATC — D04AA10; R06AD02.

ATC Vet — QD04AA10; QR06AD02.

Pharmacopoeias. In *Br.*

BP 2008 (Promethazine Teoclate). A white or almost white, odourless or almost odourless powder. Very slightly soluble in water; sparingly soluble in alcohol; freely soluble in chloroform; practically insoluble in ether. Protect from light.

Adverse Effects

As for the sedating antihistamines in general, p.561.

Cardiovascular adverse effects are more commonly seen after injection, and bradycardia, tachycardia, transient minor increases in blood pressure, and occasional hypotension have all been reported with promethazine hydrochloride. Jaundice and blood dyscrasias have been reported, and extrapyramidal effects may occur at high doses.

Venous thrombosis has been reported at the site of intravenous injections, and arteriospasm and gangrene may follow inadvertent intra-arterial injection.

Overdosage. A toxic neurological syndrome, which included CNS depression, acute excitomotor manifestations, ataxia and visual hallucinations, plus peripheral antimuscarinic effects developed in 2 children aged 44 months and 16 months after topical application of a 2% promethazine cream providing between 12.9 and 26 mg/kg.[1] The older child had also received hydroxyzine 10 mg orally 1 hour earlier.

1. Shawn DH, McGuigan MA. Poisoning from dermal absorption of promethazine. *Can Med Assoc J* 1984; **130:** 1460–1.

Sudden infant death syndrome. Although some early reports raised the possibility of an association between the use of phenothiazine antihistamines and the sudden infant death syndrome (SIDS) this has not been confirmed. Following an initial report that 4 of 7 infants with SIDS had been given alimemazine before death and that a series of severe apnoeic crises had been observed in the twin of a SIDS victim given promethazine,[1] the same workers studied 52 SIDS victims, 36 near-miss infants (those who had experienced severe unexplained episodes of cyanosis or pallor during sleep), and 175 control subjects to investigate the role of nasopharyngitis and phenothiazines in this syndrome.[2] They found that there was no difference in the incidence of nasopharyngitis between the 3 groups, but the proportion of infants given phenothiazines was higher in both the SIDS group (23%) and the near-miss group (22%) than in the control group (2%). In a subsequent study,[3] they found that the incidence of central and obstructive sleep apnoeas was increased in 4 healthy infants given promethazine for 3 days, although the duration of the attacks was unaltered and generally short, with a range of 3 to 10 seconds. A report on behalf of the European Commission,[4] stated that no link between sudden deaths in infants and drug use had been confirmed by national drug monitoring centres. It was likely that the risk of apnoea was associated with all sedative drugs, especially in overdose.[4] Previously, phenothiazine-induced hyperthermia had been proposed as a contributory factor in SIDS.[5]

For general precautions regarding the use of antihistamines in children, see p.562.

1. Kahn A, Blum D. Possible role of phenothiazines in sudden infant death. *Lancet* 1979; **ii:** 364–5.

2. Kahn A, Blum D. Phenothiazines and sudden infant death syndrome. *Pediatrics* 1982; **70:** 75–8.
3. Kahn A, *et al.* Phenothiazine-induced sleep apneas in normal infants. *Pediatrics* 1985; **75:** 844–7.
4. Cockfield. Phenergan, Theralene, Algotropyl—drugs responsible for the death of new-born babies. *Off J EC* 1986; **29:** C130/25–6.
5. Stanton AN. Sudden infant death syndrome and phenothiazines. *Pediatrics* 1983; **71:** 986–7.

Precautions

As for the sedating antihistamines in general, p.562.

Intravenous injections of promethazine hydrochloride must be given slowly and extreme care must be taken to avoid extravasation or inadvertent intra-arterial injection, because of the risk of severe irritation. Intramuscular injection may be painful, and it should not be given by subcutaneous injection.

False negative and positive results have been reported with some pregnancy tests.

Anaesthesia. In 8 healthy subjects promethazine 25 mg intravenously decreased lower oesophageal sphincter pressure and increased the incidence of gastro-oesophageal reflux.[1] It might, therefore, increase the risk of regurgitation and aspiration of gastric contents during induction of and recovery from anaesthesia. The effect was attributed to the antimuscarinic properties of promethazine.

1. Brock-Utne JG, *et al.* The action of commonly used antiemetics on the lower oesophageal sphincter. *Br J Anaesth* 1978; **50:** 295–8.

Children. A possible association between phenothiazine sedatives and sudden infant death syndrome has been suggested, but has not been confirmed (see under Adverse Effects, above). The current view in the UK and USA is that promethazine should not be given to children under 2 years of age.

Porphyria. Promethazine is considered to be unsafe in patients with porphyria because it has been shown to be porphyrinogenic in *animals* or *in-vitro* systems.

Pregnancy. For discussion of the use of antihistamines in pregnancy, including studies involving phenothiazines, see p.563.

Renal impairment. Phenothiazine-induced toxic psychosis occurred in a patient with chronic renal failure who had been given promethazine.[1]

1. McAllister CJ, *et al.* Toxic psychosis induced by phenothiazine administration in patients with chronic renal failure. *Clin Nephrol* 1978; **10:** 191–5.

Interactions

As for the sedating antihistamines in general, p.563.

Pharmacokinetics

Promethazine is well absorbed after oral or intramuscular doses. Peak plasma concentrations have been seen 2 to 3 hours after a dose by these routes, although there is low systemic bioavailability after oral doses, due to high first-pass metabolism in the liver. Promethazine crosses the blood-brain barrier and the placenta, and is distributed into breast milk. Values ranging from 76 to 93% have been reported for plasma-protein binding. Promethazine undergoes extensive metabolism, predominantly to promethazine sulfoxide, and also to *N*-desmethylpromethazine. It is excreted slowly via the urine and bile, chiefly as metabolites. Elimination half-lives of 5 to 14 hours have been reported.

◊ References.

1. Taylor G, *et al.* Pharmacokinetics of promethazine and its sulphoxide metabolite after intravenous and oral administration to man. *Br J Clin Pharmacol* 1983; **15:** 287–93.
2. Paton DM, Webster DR. Clinical pharmacokinetics of H -receptor antagonists (the antihistamines). *Clin Pharmacokinet* 1985; **10:** 477–97.
3. Stavchansky S, *et al.* Bioequivalence and pharmacokinetic profile of promethazine hydrochloride suppositories in humans. *J Pharm Sci* 1987; **76:** 441–5.
4. Strenkoski-Nix LC, *et al.* Pharmacokinetics of promethazine hydrochloride after administration of rectal suppositories and oral syrup to healthy subjects. *Am J Health-Syst Pharm* 2000; **57:** 1499–1505.

Uses and Administration

Promethazine, a phenothiazine derivative, is a sedating antihistamine with antimuscarinic, significant sedative, and some serotonin-antagonist properties. It is usually given as the hydrochloride or teoclate. Promethazine embonate and promethazine maleate have also been given orally. Promethazine dioxide (dioxopromethazine) has been used as the hydrochloride in eye and nasal drops. The antihistamine action has been reported to last for between 4 and 12 hours.

Promethazine hydrochloride is used for the symptomatic relief of allergic conditions including urticaria and angioedema (p.565), rhinitis (p.565) and conjunctivitis (p.564), and in pruritic skin disorders (p.565). It may be given intravenously as an adjunct in the emergency treatment of anaphylactic shock (p.563).

Promethazine hydrochloride and promethazine teoclate are used for their antiemetic action in the prevention and treatment of nausea and vomiting in conditions such as motion sickness, drug-induced vomiting, and postoperative vomiting (p.564). They are also used for the symptomatic treatment of nausea and vertigo caused by Ménière's disease and other vestibular disorders (see Vertigo, p.565). Promethazine hydrochloride is also employed pre- and postoperatively in surgery and obstetrics for its sedative effects and for the relief of apprehension (see Anaesthesia, p.563); it is often given with pethidine hydrochloride. Promethazine hydrochloride may be used for night-time sedation (see Insomnia, p.564).

Promethazine hydrochloride is a common ingredient of compound preparations for the symptomatic treatment of coughs and the common cold (p.564).

The following doses have been given **orally**.

- For the treatment of *allergic conditions* promethazine hydrochloride is usually given in a dose of 25 mg at night increased to 25 mg twice daily if necessary; owing to its pronounced sedative effect it is preferably given at night but an alternative dose is 10 to 20 mg two or three times daily.
- Promethazine hydrochloride is given in doses of 20 to 50 mg at night for the short-term management of *insomnia* although its prolonged duration of action can lead to considerable drowsiness the following day.
- For the prevention of *motion sickness* promethazine hydrochloride can be given in a dose of 20 or 25 mg the night before travelling followed by a similar dose the following morning if necessary. The teoclate is used similarly. For the prevention of motion sickness the dose of promethazine teoclate is 25 mg at night or 25 mg one to two hours before travelling.
- For nausea and vomiting arising from causes such as *labyrinthitis* a dose of promethazine teoclate 25 mg at night is usually adequate; this may be increased to 50 or 75 mg at night or to 25 mg two or three times daily if necessary to a maximum of 100 mg daily.
- For *severe vomiting in pregnancy* the *BNF* recommends a dose of promethazine teoclate 25 mg at night, increased if necessary to a maximum of 100 mg.

In *children* the following oral doses of promethazine hydrochloride have been recommended.

- For allergic conditions: 2 to 5 years, 5 to 15 mg daily in one or two divided doses; 5 to 10 years, 10 to 25 mg daily in one or two divided doses.
- For night sedation or premedication: 2 to 5 years, 15 to 20 mg; 5 to 10 years, 20 to 25 mg.
- For the prevention of motion sickness the following doses of promethazine hydrochloride may be given the night before the journey and repeated on the following morning if necessary: 2 to 5 years, 5 mg; 5 to 10 years, 10 mg. Promethazine teoclate may also be given to children aged 5 to 10 years for the prevention of motion sickness in a dose of 12.5 mg daily, starting either on the night before travelling for long journeys or one to two hours before short journeys.
- Children aged 5 to 10 years may also receive promethazine teoclate for nausea and vomiting from causes such as labyrinthitis in a dose of 12.5 to 37.5 mg daily.

Promethazine hydrochloride is also given by the **rectal** route as suppositories. Doses are similar to those given orally.

Promethazine hydrochloride is given **parenterally** by deep intramuscular injection as a solution of 25 or 50 mg/mL. It may also be given by slow intravenous injection or injected into the tubing of a freely running infusion in a concentration of not more than 25 mg/mL, although it is usually diluted to 2.5 mg/mL. The rate of infusion should not exceed 25 mg/minute. The usual parenteral dose for all indications apart from nausea and vomiting is 25 to 50 mg; a dose of 100 mg should not be exceeded. Doses of 12.5 to 25 mg, repeated at intervals of not less than 4 hours, may be given for the treatment of nausea and vomiting, although not more than 100 mg is usually given in 24 hours.

Children aged 5 to 10 years may be given 6.25 to 12.5 mg of promethazine hydrochloride by deep intramuscular injection.

Promethazine has been used **topically** to provide relief in hypersensitivity disorders of the skin and for burns but, as with other antihistamines, it may produce skin sensitisation.

Sedation. For reference to the use of lytic cocktails of chlorpromazine, promethazine, and pethidine, and the view that alternatives should be considered in children, see under Pethidine, p.115.

Preparations

BP 2008: Promethazine Hydrochloride Tablets; Promethazine Injection; Promethazine Oral Solution; Promethazine Teoclate Tablets;
USP 31: Promethazine Hydrochloride Injection; Promethazine Hydrochloride Suppositories; Promethazine Hydrochloride Syrup; Promethazine Hydrochloride Tablets.

Proprietary Preparations (details are given in Part 3)
Arg.: Fenergan; ***Austral.:*** Avomine; Gold Cross Antihistamine Elixir†; Insomn-Eze†; Nyal Plus+ Allergy Relief†; Phenergan; ***Belg.:*** Phenergan; ***Braz.:*** Alergiderm; Alergosan†; Fenergan; Pamergan; Profergan; Prometazol; ***Canad.:*** Histantil; Phenergan†; ***Cz.:*** Prothazin; ***Denm.:*** Phenergan; ***Fr.:*** Phenergan; ***Ger.:*** Atosil; Closin; Eusedon mono†; Promethawern†; Proneurin; Prothanon; ***Gr.:*** Phenergan; Titanox; ***Hong Kong:*** Anvomin; Fenazin; Synvomin; ***Hung.:*** Pipolphen; ***India:*** Avomine; Emin; Phenergan; ***Indon.:*** Nufapreg; Phenergan; ***Irl.:*** Phenergan; ***Israel:*** Prothiazine; ***Ital.:*** Allerfen†; Fargan; Farganesse; Fenazil; ***Malaysia:*** Prothazine†; ***Norw.:*** Phenergan; ***NZ:*** Allersoothe; Avomine; Phenergan; ***Philipp.:*** Zinmet; ***Pol.:*** Diphergan; ***Port.:*** Fenergan; ***Rus.:*** Pipolphen (Пипольфен); ***S.Afr.:*** Avomine; Brunazine; Daralix; Lenazine; Phenergan; Prohist; Receptozine; ***Spain:*** Fenergan Topico; Frinova; ***Swed.:*** Lergigan; ***Thai.:*** Meta; Phenergan; Titanox†; ***UAE:*** Histaloc; ***UK:*** Avomine; Phenergan; Sominex; Zir; ***USA:*** Phenadoz; Phenergan; Promethegan; ***Venez.:*** Diven†; Fenergan†.

Multi-ingredient: ***Austral.:*** Painstop; Painstop Night-Time Pain Reliever; Panquil; Phensedyl†; Tixylix Nightime; ***Braz.:*** Dorilen; Doriless; Fenergan Expectorante; Lisador; ***Canad.:*** Promatussin DM†; ***Cz.:*** Coldrex Nite; ***Fr.:*** Algotropyl†; Fluisedal; Rhinathiol Promethazine; Transmer†; Tussisedal; ***Ger.:*** Prothazin; ***Hong Kong:*** Dhasedyl; Ephedyl; Fendyl; Marsedyl; Methorsedyl; PEC; Phensedyn; Procodine†; Promethazine Compound Linctus†; Rhinathiol Promethazine; Super Cough†; Tripe P; ***Hung.:*** Tardyl†; ***India:*** Tixylix; ***Indon.:*** Berlifed; Fludexin; Halmezin; Neo Davenol; Phenadex; Prome; Promedex; Promethazine Ikapharmindo; ***Irl.:*** Night Nurse; ***Israel:*** Promethazine Expectorants; Prothiazine Expectorant; ***Ital.:*** Bronconait†; Nuleron; Tachinotte; ***Malaysia:*** Axcel Dextrozine; Dextrodyl; Dextromethorphan Compound; Dhasedyl DM; Hosedyl DM; Mucoease Plus; Phensedyl Dry Cough; Phensedyl†; Promedyl†; Rhinathiol Promethazine; Russedyl Plus; Russedyl†; SCMC Promethazine†; Sedilix DM†; Sedilix†; Tixylix†; ***NZ:*** Phensedyl Dry Family Cough†; Tixylix; ***Rus.:*** Prothiazine Expectorant (Протиазин Экспекторант); ***S.Afr.:*** Acustop; Adco-Kiddipayne; Antipyn†; Ban Pain; Brunacod; Colcaps; Dequa-Coff; Fevapar; Go-Pain; Goldgesic†; Histodor; Infacet; Infapain Forte; Kid-Eeze; Lenazine Forte; Lentogesic; Lesspain†; Medipyn; Megapyn; Mepromol; Painagon; Pedpain; Phensedyl; Propain†; Pynmed; Salterpyn; Stilpane; Stopayne; Tenston; Tixylix; Vacudol; Xeramax†; ***Singapore:*** Beacodyl; Cophadyl; Cophadyl-E; Dhasedyl; Dhasedyl DM; PCL†; Phensedyl†; Procodin; Promedyl†; Rhinathiol Promethazine; Sedilix; Sedilix DM; Unisedyl†; ***Spain:*** Actithiol Antihist; Antihemorroidal†; Fenergan Expectorante; Psicosoma Solucion; ***Swed.:*** Lergigan comp; ***Switz.:*** Linervidol†; Lysedil; Nardyl; Rhinathiol Promethazine; ***Thai.:*** Decos; Nordyl; Nortuss; Phencodin; Phensedyl†; Poly-Cof; Teradyl; ***Turk.:*** Artu; ***UAE:*** Flukit; ***UK:*** Day & Night Nurse; Night Nurse; Pamergan P100; Tixylix Night-Time; ***USA:*** Pentazine VC with Codeine; Phenameth DM; Pherazine DM; Pherazine VC; Pherazine VC with Codeine; Pherazine with Codeine; Prometh VC Plain; Prometh with Dextromethorphan; Promethazine VC with Codeine; ***Venez.:*** Preveral con Codeina; Preveral con Dextrometorfano.

Propiomazine *(BAN, USAN, rINN)*

CB-1678 (propiomazine or propiomazine maleate); Propiomatsiini; Propiomazin; Propiomazina; Propiomazinum; Wy-1359 (propiomazine or propiomazine maleate). 1-[10-(2-Dimethylaminopropyl)phenothiazin-2-yl]propan-1-one.

Пропиомазин

$C_{20}H_{24}N_2OS$ = 340.5.
CAS — 362-29-8.
ATC — N05CM06.
ATC Vet — QN05CM06.