AUSTRALIAN PRODUCT INFORMATION-SNUZAID®TABS (DIPHENHYDRAMINE HYDROCHLORIDE)

1.NAME OF THE MEDICINE

Diphenhydramine hydrochloride

2.QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 50mg diphenhydramine hydrochloride

For the full list of excipients, see Section 6.1 List of excipients

3. PHARMACEUTICAL FORM

White uncoated biconvex tablets with a break bar on one side.

4.CLINICAL PARTICULARS

4.1 THERAPEUTIC INDICATIONS

Temporary relief of insomnia

4.2 DOSE AND METHOD OF ADMINISTRATION

For oral administration

Adults: One (1) tablet twenty minutes before bed when necessary. Swallow tablet with a glass of water.
Snuzaid should not be used for more than a few days at a time as insomnia may be symptomatic of a serious underlying medical condition.

Children: Do not give to children under 12 years of age

Impaired hepatic and renal function: Use with caution. Dosage reduction may be necessary

4.3 CONTRAINDICATIONS

Hypersensitivity to diphenhydramine or any other component. Diphenhydramine should not be given to newborn infants due to their heightened sensitivity towards anticholinergic side effects. It is contraindicated in patients with severe hepatic, renal or respiratory insufficiency.

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

Avoid concurrent use with alcohol and other medications which suppress the CNS as the effects of both may be enhanced.
A risk-benefit approach should be adopted for patients with glaucoma. Increased ocular pressure could precipitate an attack of angle closure glaucoma. Use with

caution in patients with bladder neck obstruction, urinary retention, chronic bronchitis, stenosing peptic ulcer, pyloroduodenal obstruction, symptomatic prostatic hypertrophy, porphyria, asthma and epilepsy. The antiemetic properties of diphenhydramine may mask the symptoms of certain serious medical conditions e.g. appendicitis.

Use in hepatic impairment: Use with caution. The elimination half-life in cirrhotic patients has been demonstrated to be longer in one study.

Use in renal impairment: Use with caution

Use in the elderly: Use with caution due to enhanced susceptibility to adverse effects.

Paediatric Use: Do not give to children under 12 years of age due to heightened sensitivity towards paradoxical stimulation.

Effects on laboratory tests: Diphenhydramine may inhibit the cutaneous histamine response. Discontinue at least 72 hours before skin testing begins.

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS

Anticholinergic effects are prolonged and intensified when used with MAOIs, tricyclic antidepressants and atropine like drugs. Concurrent use with other sedatives (e.g. benzodiazepines and barbiturates), tranquilizers, opioid analgesics and antipsychotics enhances the effects of CNS depression. Use with ototoxic medications e.g. aminoglycoside antibiotics may mask the symptoms of ototoxicity. These include tinnitus, dizziness and vertigo.

4.6 FERTILITY, PREGNANCY AND LACTATION

Effects on fertility
Diphenhydramine crosses the placenta. Therapeutic doses during pregnancy are considered unlikely to pose a substantial teratogenic risk. Studies in rats and rabbits at doses up to five times the human dose have revealed no evidence of impaired fertility or harm to the fetus but no well controlled studies in pregnant women have been done.

Use in pregnancy
Category A: Medical or pharmacist advice is required before use in pregnancy. Non pharmacological interventions for insomnia should be considered as first line therapy.

Use in lactation
Medical or pharmacist advice is required before use in breastfeeding. Small amounts of diphenhydramine are excreted into breast milk. Use is not recommended because of the risk of adverse effects in infants i.e. unusual excitement or irritability. Anticholinergic effects may inhibit lactation.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

Drowsiness and hangover effects may affect the ability to drive and operate machinery the day following use.

4.8 ADVERSE EFFECTS (UNDESIRABLE EFFECTS)

More common reactions: Dizziness, disturbed coordination, lassitude, headache, muscular weakness and psychomotor impairment. Anticholinergic effects include dry nose, throat and mouth and thickened respiratory tract secretions.

Less common reactions: Paradoxical stimulation of the CNS may occur and is much more likely to occur in children. Symptoms are nervousness, restlessness, unusual excitement, tinnitus, nightmares and irritability. Other adverse effects include tachycardia, palpitations, increased sweating and hypotension (particularly in the elderly). Less common anticholinergic effects are blurred vision, urinary difficulty or retention, constipation and increased gastric reflux.

Reporting suspected adverse effects

Reporting suspected adverse reactions after registration of the medicinal product is important. It allows continued monitoring of the benefit-risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions at http://www.tga.gov.au/reporting-problems

4.9 OVERDOSE

Symptoms of overdosage include severe drowsiness and dryness of the mouth, nose and throat, redness or flushing in the face, shortness of breath, tachycardia, cardiac arrhythmia, dilated pupils, delirium and seizures. Rhabdomyolysis is a possible complication.
In children, CNS stimulation predominates over depression causing ataxia, excitement, tremors, psychoses, hallucinations and convulsions.

For information on the management of overdose, contact the Poisons information Centre on 13 11 26 for advice.

5. PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

Mechanism of Action: Diphenhydramine is a H1 receptor antagonist antihistamine belonging to the ethanolamine group. This group characteristically produces pronounced sedative effects with low incidence of gastrointestinal disturbance. The significant sedative properties result from inhibition of histamine-N-methyl transferase and blockage of the central histaminergic receptors. Antagonism of other CNS receptor sites such as those for serotonin, acetylcholine and alpha-adrenergic stimulation may be involved. Anticholinergic activity at muscarinic receptors also occurs.

Clinical Trials
No data available

5.2 PHARMACOKINETIC PROPERTIES

Absorption: Diphenhydramine is well absorbed after oral administration. In one study, following administration of an oral dose of 50mg, the peak plasma concentration was measured at 66ng/ml after 2.3 hours. Other studies show peak concentrations occur between 2 and 4 hours with duration of activity between 4 and 6 hours.

Distribution: It is distributed throughout the body with high concentrations found in the lungs. It is up to 85% protein bound (76% in Asians). The volume of distribution is in the range 3.3-6.9L/kg (6.9L/kg for Asians). The high Vd for Asians may be explained by the reduced protein binding.

Metabolism: Metabolism occurs in the liver via the P-450 system. A high first pass effect is observed following oral administration with at least half metabolized before reaching the general circulation. Two successive N-demethylations occur to produce a primary amine, which is further oxidized to diphenylmethoxyacetic acid. This appears in the urine as glutamine and glucuronide conjugates as well as in the unconjugated form. Less than 1% is excreted unchanged in the urine. None of the metabolites are active.

Excretion: Approximately 65% of a dose is excreted in the urine within four days, almost entirely as metabolites. The terminal elimination half-life ranges between 3 and 9 hours

5.3 PRECLINICAL SAFETY DATA

Genotoxicity
Long term animal studies to evaluate the genotoxic potential have not been performed.

Carcinogenicity
Long term animal studies to evaluate the carcinogenic potential have not been performed.

6. PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

microcrystalline cellulose, crospovidone, povidone, colloidal anhydrous silica, pre-gelatinized maize starch, magnesium stearate

6.2 INCOMPATIBILITIES

Incompatibilities were not assessed as part of the registration of the medicine. Refer to 4.5 Interactions with Other Medicines for information on incompatibilities.

6.3 SHELF LIFE

Three years

6.4 SPECIAL PRECAUTIONS FOR STORAGE

Store below 30°C in a dry place

6.5 NATURE AND CONTENTS OF CONTAINER

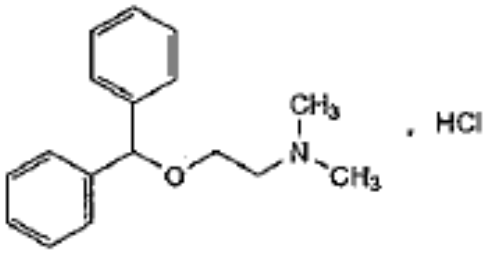
Cartons containing 10 tablets in a PVC/PVDC blister platform

6.6 SPECIAL PRECAUTIONS FOR DISPOSAL

In Australia, any unused medicine or waste material should be disposed of by taking to your local pharmacy

6.7 PHYSIOCOCHEMICAL PROPERTIES

Chemical Structure:



2- (diphenyl methoxy)-N, N-dimethyl ethylamine hydrochloride

Diphenhydramine hydrochloride is a water soluble, white, odourless crystalline powder

Chemical Formula:

$C_{17}H_{21}NOHCl$

Molecular weight:

291.82

CAS Number:

147-24-0

7. MEDICINES SCHEDULE (POISONS STANDARD)

Schedule 3 (S3)

8. SPONSOR

H.W. Woods Pty. Ltd.
8 Clifford Street Huntingdale
Victoria 3166.
03 9544 6466
info@hwwoods.com.au

9. DATE OF FIRST APPROVAL:

13 July 2006

10. DATE OF REVISION

19 July 2019

Summary table of changes

Section changed	Summary of new information
4.2 Dose and method of administration	Updated information on duration of use
4.6 Fertility, Pregnancy and Lactation	Updated information on use in pregnancy and lactation