SAFETY DATA SHEETS

This SDS packet was issued with item:

078933459

The safety data sheets (SDS) in this packet apply to the individual products listed below. Please refer to invoice for specific item number(s).

078944637 078946354

SAFETY DATA SHEET

Revision No.: 00

FLUCONAZOLE TABLETS USP

Strength: 50 mg, 100 mg, 150 mg and 200 mg

Pack Size: 50 mg, 100 mg and 200 mg: HDPE bottle packs of 30, 100 & 500 Tablets and Unit dose blister cartons of 100 Tablets (10 x 10 Unit-dose)

150 mg: HDPE bottle packs of 30, 100 & 500 Tablets and Unit dose blister cartons of 12 Tablets (12x 1Unit-dose) and Unit dose blister cartons of 1Tablets (1x1Unit-dose)

EMERGENCY OVERVIEW

Each Fluconazole Tablets USP intended for oral administration contains Fluconazole and excipients generally considered to be non- toxic and non-hazardous in small quantities and under conditions of normal occupational exposure.

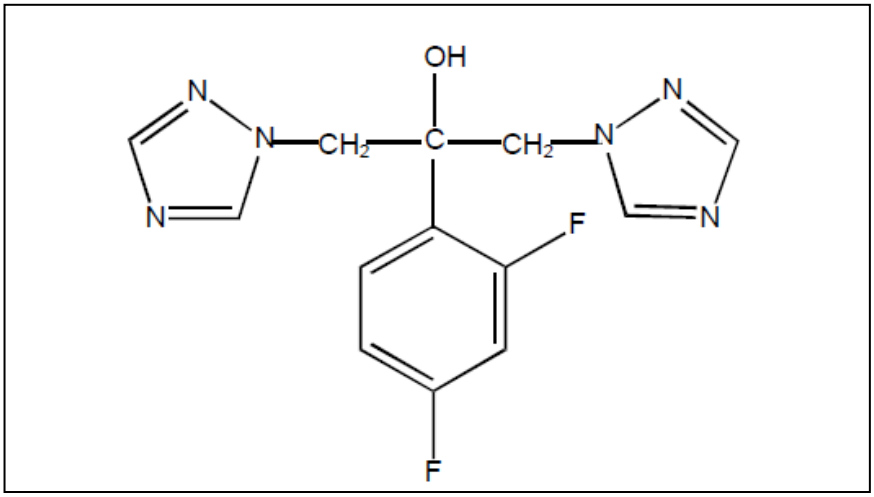
Section 1. IDENTIFICATION

Identification of the product

Product Name: Fluconazole Tablets USP 50 mg, 100 mg, 150 mg and 200 mg

Formula: $C_{13}H_{12}F_2N_6O$

Chemical Name: 2, 4-difluoro-α, α[1]-bis (1H-1, 2, 4-triazol-1-ylmethyl) benzyl alcohol.



Manufacturer / Supplier identification

Company:	**Cadila Healthcare Limited Baddi, India**
Address:	Cadila Healthcare Limited, Swaraj Majra, Judi Kalan, Post - Baddi, Tehsil - Nalagarh, District - Solan, Himachal Pradesh 173205.
Contact for information:	Tel: +91-1795-246841 Fax: +91-1795-246842
Emergency Telephone No.	Tel: +91-1795-246841
Recommended use / Therapeutic Category	Orally /Antifungal
Restriction on Use / Contraindications:	Fluconazole is contraindicated in patients who have shown hypersensitivity to fluconazole or to any of its excipients.

Section 2. HAZARD(S) IDENTIFICATION

Dose and Administration

Dosage should be individualized with careful monitoring of patient response.

Oral Administration:

Vaginal candidiasis: The recommended dosage of fluconazole for vaginal candidiasis is 150 mg as a single oral dose.

Oropharyngeal candidiasis: The recommended dosage of fluconazole for oropharyngeal candidiasis is 200 mg on the first day, followed by 100 mg once daily. Clinical evidence of oropharyngeal candidiasis generally resolves within several days, but treatment should be continued for at least 2 weeks to decrease the likelihood of relapse.

Esophageal candidiasis: The recommended dosage of fluconazole for esophageal candidiasis is 200 mg on the first day, followed by 100 mg once daily. Doses up to 400 mg/day may be used, based on medical judgment of the patient's response to therapy. Patients with esophageal candidiasis should be treated for a minimum of three weeks and for at least two weeks following resolution of symptoms.

Systemic Candida infections: For systemic Candida infections including candidemia, disseminated candidiasis, and pneumonia, optimal therapeutic dosage and duration of therapy have not been established. In open, noncomparative studies of small numbers of patients, doses of up to 400 mg daily have been used.

Urinary tract infections and peritonitis: For the treatment of Candida urinary tract infections and peritonitis, daily doses of 50 to 200 mg have been used in open, noncomparative studies of small numbers of patients.

Cryptococcal meningitis: The recommended dosage for treatment of acute cryptococcal meningitis is 400 mg on the first day, followed by 200 mg once daily. A dosage of 400 mg once daily may be used based on medical judgment of the patient's response to therapy. The recommended duration of treatment for initial therapy of cryptococcal meningitis is 10 to 12 weeks after the cerebrospinal fluid becomes culture negative. The recommended dosage of fluconazole for suppression of relapse of cryptococcal meningitis in patients with AIDS is 200 mg once daily.

Prophylaxis in patients undergoing bone marrow transplantation: The recommended fluconazole daily dosage for the prevention of candidiasis in patients undergoing bone marrow transplantation is 400 mg, once daily. Patients who are anticipated to have severe granulocytopenia (less than 500 neutrophils per cu mm) should start fluconazole prophylaxis several days before the anticipated onset of neutropenia, and continue for 7 days after the neutrophil count rises above 1000 cells per cu mm.

Adverse Effects

Fluconazole is generally well tolerated.

In some patients, particularly those with serious underlying diseases such as AIDS and cancer, changes in renal and hematological function test results and hepatic abnormalities have been observed during treatment with fluconazole and comparative agents, but the clinical significance and relationship to treatment is uncertain.

In Patients Receiving a Single Dose for Vaginal Candidiasis:
During comparative clinical studies conducted in the United States, 448 patients with vaginal candidiasis were treated with fluconazole, 150 mg single dose. The overall incidence of side effects possibly related to fluconazole was 26%. In 422 patients receiving active comparative agents, the incidence was 16%. The most common treatment-related adverse events reported in the patients who received 150 mg single dose fluconazole for vaginitis were headache (13%), nausea (7%), and abdominal pain (6%). Other side effects reported with an incidence equal to or greater than 1% included diarrhea (3%), dyspepsia (1%), dizziness (1%), and taste perversion (1%). Most of the reported side effects were mild to moderate in severity. Rarely, angioedema and anaphylactic reaction have been reported in marketing experience.

In Patients Receiving Multiple Doses for Other Infections:
Sixteen percent of over 4000 patients treated with fluconazole in clinical trials of 7 days or more experienced adverse events. Treatment was discontinued in 1.5% of patients due to adverse clinical events and in 1.3% of patients due to laboratory test abnormalities.

Over Dose Effect

There have been reports of overdose with fluconazole accompanied by hallucination and paranoid behavior.
In the event of overdose, symptomatic treatment (with supportive measures and gastric lavage if clinically indicated) should be instituted. Fluconazole is largely excreted in urine. A three-hour hemodialysis session decreases plasma levels by approximately 50%.
In mice and rats receiving very high doses of fluconazole, clinical effects in both species included decreased motility and respiration, ptosis, lacrimation, salivation, urinary incontinence, loss of righting reflex, and cyanosis; death was sometimes preceded by clonic convulsions.

Contraindications

Fluconazole is contraindicated in patients who have shown hypersensitivity to fluconazole or to any of its excipients. There is no information regarding cross-hypersensitivity between fluconazole and other azole antifungal agents. Caution should be used in prescribing fluconazole to patients with hypersensitivity to other azoles. Coadministration of terfenadine is contraindicated in patients receiving fluconazole at multiple doses of 400 mg or higher based upon results of a multiple dose interaction study. Coadministration of other drugs known to

	prolong the QT interval and which are metabolized via the enzyme CYP3A4 such as cisapride, astemizole, erythromycin, pimozide, and quinidine are contraindicated in patients receiving fluconazole.
Pregnancy Comments	There are no adequate and well-controlled studies of fluconazole in pregnant women. Available human data do not suggest an increased risk of congenital anomalies following a single maternal dose of 150 mg. A few published case reports describe a rare pattern of distinct congenital anomalies in infants exposed in utero to high dose maternal fluconazole (400 to 800 mg/day) during most or all of the first trimester. These reported anomalies are similar to those seen in animal studies. If this drug is used during pregnancy or if the patient becomes pregnant while taking the drug, the patient should be informed of the potential hazard to the fetus
Pregnancy Category	Pregnancy Category C

Section 3. COMPOSITION / INFORMATION ON INGREDIENTS

Component	**Exposure Limit**	**CAS No.**
Principle Component:		
Fluconazole	Not Found	86386-73-4
Inactive Ingredients:		
Microcrystalline Cellulose	Not Found	9004-34-6
Dicalcium Phosphate	Not Found	7757-93-9
Croscarmellose sodium	Not Found	74811-65-7
Povidone	Not Found	9003-39-8
FD&C Red No. 40 Aluminum Lake	Not Found	68583-95-9
Magnesium stearate	Not Found	557-04-0

Section 4. FIRST -AID MEASURES

Inhalation	Remove to fresh air. If discomfort occurs or persists, get medical attention.
Skin contact	Remove contaminated clothing and shoes. Wash skin with soap and plenty of water. If irritation occurs or persists, get medical attention. Wash clothing and shoes before reuse.
Eye contact	Immediately flush eyes with plenty of water. If irritation occurs or persists, get medical attention.
Ingestion	If large quantities of this material are swallowed, get medical attention immediately. If swallowed, rinse mouth with water (only if the person is conscious). Do not induce vomiting unless directed by medical personnel. Never give anything by mouth to an unconscious person.

Section 5. FIRE FIGHTING MEASURES

Flash Point	Not applicable
Extinguishing Media	Water, Carbon Dioxide, Dry Chemical, Foam.
Unusual Fire and Explosion Hazards	Toxic emissions may be given off in a fire.
Fire Fighting Instructions	Wear NIOSH/MSHA approved positive pressure, self-contained breathing apparatus and full protective turn out gear. Use caution in approaching fire. Use water to keep fire exposed containers cool.

Section 6. ACCIDENTAL RELEASE MEASURES

Spill Clean Up Procedures	Use proper personal protective equipment and clothing. Shut off the source of the spill or leak if it is safe to do so. Scoop or shovel spilled material into a suitable labeled open head drum. Secure the drum cover and move the container to a safe holding area. Wash spill area thoroughly with soapy water.
Treatment and Disposal	Decontaminate equipment. Dispose of protective clothing with spilled material.
Environmental precautions	Avoid release to the environment. Prevent further leakage or spillage if safe to do so. Avoid discharge into drains, water courses or onto the ground. Inform appropriate managerial or supervisory personnel of all environmental releases.

Section 7. HANDLING AND STORAGE

Storage	Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature].

Precautions for safe handling	Avoid contact with eyes. Avoid breathing dust. Use with adequate ventilation. When handling, use proper personal protective equipment. Wash thoroughly after handling. Keep container tightly closed when not in in use. Store in a dry area at room temperature.

Section 8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Respiratory Protection	Use a NIOSH/MSHA approved respirator if there is a risk of exposure to dust/fume at levels exceeding the exposure limits. No personal respiratory protective equipment normally required.
Skin protection	For prolonged or repeated skin contact use suitable protective gloves.
Eye/face protection	If contact is likely, safety glasses with side shields are recommended.
Protective Clothing	Protective clothing is not normally necessary, however it is good practice to use apron.
Biological limit values	No biological exposure limits noted for the ingredient(s).
Exposure guidelines	General ventilation normally adequate.
Thermal hazards	Wear appropriate thermal protective clothing, when necessary.
General hygiene considerations	Always observe good personal hygiene measures, such as washing after handling the material and before eating, drinking, and/or smoking. Routinely wash work clothing and protective equipment to remove contaminants. For advice on suitable monitoring methods, seek guidance from a qualified environment, health and safety professional.
Engineering controls	Engineering controls should be used as the primary means to control exposures. General room ventilation is adequate unless the process generates dust, mist or fumes. Keep airborne contamination levels below the exposure limits listed above in this section.

Section 9. PHYSICAL AND CHEMICAL PROPERTIES

Physical state	Tablets
Color	Light Pink to Pink Colored
Odor	Odorless
Pure/Mixture	Mixture

Section 10. STABILITY AND REACTIVITY

Stability	Normally stable but formation of toxic gases is possible during heating or in case of fire.
Incompatibility materials to avoid	Keep away from Strong Oxidizing agents
Polymerization	No
Conditions of Polymerization	Will not occur

Section 11. TOXICOLOGICAL INFORMATION

Fluconazole

Irritation Skin

May cause skin reaction.

Reproductive

Fluconazole was administered orally to pregnant rabbits during organogenesis in two studies at doses of 5, 10, and 20 mg/kg and at 5, 25, and 75 mg/kg, respectively. Maternal weight gain was impaired at all dose levels (approximately 0.25 to 4 times the 400 mg clinical dose based on BSA), and abortions occurred at 75 mg/kg (approximately 4 times the 400 mg clinical dose based on BSA); no adverse fetal effects were observed.

Teratogenicity

There are no adequate and well-controlled studies of fluconazole in pregnant women. Available human data do not suggest an increased risk of congenital anomalies following a single maternal dose of 150 mg.

Carcinogenicity and Mutagenicity

Fluconazole showed no evidence of carcinogenic potential in mice and rats treated orally for 24 months at doses of 2.5, 5, or 10 mg/kg/day (approximately 2-7x the recommended human dose). Male rats treated with 5 and 10 mg/kg/day had an increased incidence of hepatocellular adenomas.

Fluconazole, with or without metabolic activation, was negative in tests for mutagenicity in 4 strains of S. typhimurium, and in the mouse lymphoma L5178Y system. Cytogenetic studies in vivo (murine bone marrow cells, following oral administration of fluconazole) and in vitro (human lymphocytes exposed to fluconazole at 1000 mcg/mL) showed no evidence of chromosomal mutations.

Section 12. ECOLOGICAL INFORMATION

Do not allow product to enter drinking water supplies, waste water or soil.

Section 13. DISPOSAL CONSIDERATION

Disposal Recommendations Dispose the waste in accordance with all applicable Federal, State and local laws.

Section 14. TRANSPORT INFORMATION

The product is not hazardous when shipping via air (IATA), ground (DOT), or sea (IMDG).

Section 15. REGULATORY INFORMATION

Generic Medicine, ANDA Number 208963

Section 16. OTHER INFORMATION

Additional Information

NFPA Rating: These ratings are based on NFPA code 704 and are intended for use by emergency personnel to determine the immediate hazards of a material
Health……..1
Fire……..1
Reactivity…0

Date of issue: May 03, 2017 **Supersedes edition:** New Edition