

LUPIN LIMITED

SAFETY DATA SHEET

Section 1: Identification

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Material	Fluoxetine Tablets, USP 60 mg
Manufacturer	Lupin Limited Nagpur 441 108 INDIA
Distributor	Lupin Pharmaceuticals, Inc. 111 South Calvert Street, Harborplace Tower, 21st Floor, Baltimore, Maryland 21202 United States Tel. 001-410-576-2000 Fax. 001-410-576-2221

Section 2: Hazard(s) Identification

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Fire and Explosion	Expected to be non-combustible.
Health	<p>Monoamine Oxidase Inhibitors (MAOIs) The use of MAOIs intended to treat psychiatric disorders with fluoxetine or within 5 weeks of stopping treatment with fluoxetine is contraindicated because of an increased risk of serotonin syndrome. The use of fluoxetine within 14 days of stopping an MAOI intended to treat psychiatric disorders is also contraindicated.</p> <p>Starting fluoxetine in a patient who is being treated with MAOIs such as linezolid or intravenous methylene blue is also contraindicated because of an increased risk of serotonin syndrome</p> <p>Other Contraindications The use of fluoxetine is contraindicated with the following:</p> <ul style="list-style-type: none">• Pimozide• Thioridazine• Pimozide and thioridazine prolong the QT interval. Fluoxetine can increase the levels of pimozide and thioridazine through inhibition of CYP2D6. Fluoxetine can also prolong the QT interval.• Known hypersensitivity to fluoxetine: Do not use this product in patients with known hypersensitivity to fluoxetine due to risk of anaphylactoid reactions, including bronchospasm, angioedema, laryngospasm, and urticaria
Environment	No information is available about the potential of this product to produce adverse environmental effects.

Section 3: Composition/Information on Ingredients

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Ingredients	CAS
Fluoxetine Hydrochloride USP	59333-67-4

Section 4: First-Aid Measures

Section 4, First-aid measures

Ingestion	If product is inadvertently swallowed, call physician or poison control center for most current information. If professional advice is not available, do not induce vomiting. Never induce vomiting or give diluents (milk or water) to someone who is unconscious, having convulsions, or who cannot swallow. Seek medical advice.
Inhalation	If breathing becomes difficult, remove victim to fresh air. If necessary, use artificial respiration to support vital functions. Seek medical attention if breathing difficulty continues.
Skin Contact	Wash skin thoroughly after handling. Seek medical attention if irritation develops and persists.
Eye Contact	If product enters the eyes, open eyes while under gentle running water for at least 15 minutes. Seek medical attention.

NOTES TO HEALTH PROFESSIONALS

Medical Treatment	Treat according to locally accepted protocols. For additional guidance, refer to the current prescribing information or to the local poison control information center. Protect the patient's airway and support ventilation and perfusion. Meticulously monitor and maintain, within acceptable limits, the patient's vital signs, blood gases, serum electrolytes, etc.
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OVERDOSAGE

Human Experience

Worldwide exposure to fluoxetine hydrochloride is estimated to be over 38 million patients (circa 1999). Of the 1578 cases of overdose involving fluoxetine hydrochloride, alone or with other drugs, reported from this population, there were 195 deaths.

Among 633 adult patients who overdosed on fluoxetine hydrochloride alone, 34 resulted in a fatal outcome, 378 completely recovered, and 15 patients experienced sequelae after overdose, including abnormal accommodation, abnormal gait, confusion, unresponsiveness, nervousness, pulmonary dysfunction, vertigo, tremor, elevated blood pressure, impotence, movement disorder, and hypomania. The remaining 206 patients had an unknown outcome. The most common signs and symptoms associated with nonfatal overdose were seizures, somnolence, nausea, tachycardia, and vomiting. The largest known ingestion of fluoxetine hydrochloride in adult patients was 8 g in a patient who took fluoxetine alone and who subsequently recovered. However, in an adult patient who took fluoxetine alone, an ingestion as low as 520 mg has been associated with lethal outcome, but causality has not been established.

Among pediatric patients (ages 3 months to 17 years), there were 156 cases of overdose involving fluoxetine alone or in combination with other drugs. Six patients died, 127 patients completely recovered, 1 patient experienced renal failure, and 22 patients had an unknown outcome. One of the six fatalities was a 9-year-old boy who had a history of OCD, Tourette's syndrome with tics, attention deficit disorder, and fetal alcohol syndrome. He had been receiving 100 mg of fluoxetine daily for 6 months in addition to clonidine, methylphenidate, and promethazine. Mixed-drug ingestion or other methods of suicide complicated all 6 overdoses in children that resulted in fatalities. The largest ingestion in pediatric patients was 3 grams which was nonlethal.

Other important adverse reactions reported with fluoxetine overdose (single or multiple drugs) include coma, delirium, ECG abnormalities (such as nodal rhythm, QT interval prolongation, and ventricular arrhythmias, including Torsades de Pointes-type arrhythmias), hypotension, mania, neuroleptic malignant syndrome-like reactions, pyrexia, stupor, and syncope.

Animal Experience

Studies in animals do not provide precise or necessarily valid information about the treatment of human overdose. However, animal experiments can provide useful insights into possible treatment strategies.

The oral median lethal dose in rats and mice was found to be 452 and 248 mg/kg, respectively. Acute high oral doses produced hyperirritability and convulsions in several animal species.

Among 6 dogs purposely overdosed with oral fluoxetine, 5 experienced grand mal seizures. Seizures stopped immediately upon the bolus intravenous administration of a standard veterinary dose of diazepam. In this short-term study, the lowest plasma concentration at which a seizure occurred was only twice the maximum plasma concentration seen in humans taking 80 mg/day, chronically.

In a separate single-dose study, the ECG of dogs given high doses did not reveal prolongation of the PR, QRS, or QT intervals. Tachycardia and an increase in blood pressure were observed. Consequently, the value of the ECG in predicting cardiac toxicity is unknown. Nonetheless, the ECG should ordinarily be monitored in cases of human overdose.

Management of Overdose

For current information on the management of fluoxetine overdose, contact a certified poison control center (1.800.222.1222 or www.poison.org). Treatment should consist of those general measures employed in the management of overdosage with any drug. Consider the possibility of multi-drug overdose.

Ensure an adequate airway, oxygenation, and ventilation. Monitor cardiac rhythm and vital signs. Use general supportive and symptomatic measures. Induction of emesis is not recommended.

Activated charcoal should be administered. Due to the large volume of distribution of this drug, forced diuresis, dialysis, hemoperfusion, and exchange transfusion are unlikely to be of benefit. No specific antidotes for fluoxetine are known.

A specific caution involves patients who are taking or have recently taken fluoxetine and might ingest excessive quantities of a TCA. In such a case, accumulation of the parent tricyclic and/or an active metabolite may increase the possibility of clinically significant sequelae and extend the time needed for close medical observation.

Section 5: Fire-Fighting Measures

Section 5, Fire-fighting measures

Fire and Explosion Hazards	Assume that this product is capable of sustaining combustion.
Extinguishing Media	Use extinguishing media appropriate to surrounding fire conditions, such as water, fog, spray, dry chemical, regular foam, carbon dioxide.
Special Firefighting Procedures	<p>For single units (packages): No special requirements needed.</p> <p>For larger amounts (multiple packages/pallets) of product: Since toxic, corrosive or flammable vapors might be evolved from fires involving this product and associated packaging, self-contained breathing apparatus and full protective equipment are recommended for firefighters.</p>
Hazardous Combustion Products	Hazardous combustion or decomposition products are expected when the product is exposed to fire.

Section 6: Accidental Release Measures

Section 6, Accidental release measures

Personal Precautions	Avoid excessive contact and contact with eyes. Wear safety goggles or shield.
Environmental Precautions	For large spills, take precautions to prevent entry into waterways, sewers, or surface drainage systems.
Clean-up Methods	Contain the source of spill if it is safe to do so. Collect spilled material by a method that controls dust generation. A damp cloth or a filtered vacuum should be used to clean spills of dry solids. Clean spill area thoroughly.

Section 7: Handling and Storage

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Handling	Protect from light. Preserve in tight containers.
Storage	Store at 20°C to 25°C (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) [See USP Controlled Room Temperature].

Section 8: Exposure Controls/Personal Protection

Section 8, Exposure controls/personal protection

Wear appropriate clothing to avoid skin contact. Wash hands and arms thoroughly after handling.

Section 9: Physical and Chemical Properties

Section 9, Physical and chemical properties

Physical Form

Fluoxetine tablets USP, 60 mg, are available as 60-mg, white to off-white film-coated, functional-scored, modified capsule shaped tablet, debossed with "L" on the left of the score and "U" on the right of the score on one side of the tablet and "F57" on the left of the score and plain on the right of the score on other side in bottles of 30 tablets (NDC 68180-997-06).

Section 10: Stability and Reactivity

Section 10, Stability and reactivity

Stable under recommended storage conditions.

Section 11: Toxicological Information

Section 11, Toxicological information

Carcinogenesis, Mutagenesis, Impairment of Fertility

The dietary administration of fluoxetine to rats and mice for 2 years at doses of up to 10 and 12 mg/kg/day, respectively (approximately 1.2 and 0.7 times, respectively, the MRHD of 80 mg on a mg/m² basis), produced no evidence of carcinogenicity.

Fluoxetine and norfluoxetine have been shown to have no genotoxic effects based on the following assays: bacterial mutation assay, DNA repair assay in cultured rat hepatocytes, mouse lymphoma assay, and in vivo sister chromatid exchange assay in Chinese hamster bone marrow cells.

Two fertility studies conducted in adult rats at doses of up to 7.5 and 12.5 mg/kg/day (approximately 0.9 and 1.5 times the MRHD on a mg/m² basis) indicated that fluoxetine had no adverse effects on fertility. However, adverse effects on fertility were seen when juvenile rats were treated with fluoxetine

Section 12: Ecological Information

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No relevant studies identified.

Section 13: Disposal Considerations

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Incinerate in an approved facility. Follow all federal state and local environmental regulations.

Section 14: Transport Information

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IATA/ICAO - Not Regulated

IATA Proper shipping Name	:	N/A
IATA UN/ID No	:	N/A
IATA Hazard Class	:	N/A
IATA Packaging Group	:	N/A
IATA Label	:	N/A

IMDG - Not Regulated

IMDG Proper shipping Name	:	N/A
IMDG UN/ID No	:	N/A
IMDG Hazard Class	:	N/A
IMDG Flash Point	:	N/A
IMDG Label	:	N/A

DOT - Not Regulated

DOT Proper shipping Name	:	N/A
DOT UN/ID No	:	N/A
DOT Hazard Class	:	N/A
DOT Flash Point	:	N/A
DOT Packing Group	:	N/A
DOT Label	:	N/A

Section 15: Regulatory Information

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This Section Contains Information relevant to compliance with other Federal and/or state laws.

Section 16: Other Information

Section 16, Other information

The above information is believed to be correct but does not purport to be all-inclusive and shall be used only as a guide. Nothing herein shall be deemed to create any warranty, express or implied. It is the responsibility of the user to determine the applicability of this information and the suitability of the material or product for any particular purpose.

Lupin shall not be held liable for any damage resulting from handling or from contact with the above product. Lupin reserves the right to revise this SDS.