

SAFETY DATA SHEET

Bupropion Hydrochloride Extended – Release Tablets, USP (XL)

1. IDENTIFICATION

Manufacturer:

InvaGen Pharmaceuticals Inc.
7, Oser Avenue
Hauppauge, NY 11788

Emergency Phone:

1-631-231-3233

Common Name: Bupropion Hydrochloride Extended – Release Tablets, USP (XL)

Chemical Family: Aminoketone.

Synonym(s): Not applicable.

Chemical Name: 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-, hydrochloride, (+/-)-.

Trade Name(s): Bupropion Hydrochloride Extended – Release Tablets, USP (XL) 150 mg and 300 mg.

Therapeutic Category: Antidepressant of the Aminoketone class.

Molecular formula: C₁₃H₁₈ClNO . HCl **Molecular Weight:** 276.2 g/mol

2. HAZARDS IDENTIFICATION

Not considered hazardous when handled under normal conditions.

EMERGENCY OVERVIEW

Caution Statement:

Each Bupropion Hydrochloride Extended – Release Tablets, USP (XL) intended for oral administration contains Bupropion Hydrochloride, USP and excipients generally considered to be non-toxic and non-hazardous in small quantities and under conditions of normal occupational exposure.

WARNING:

SUICIDALITY AND ANTIDEPRESSANT DRUGS

Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term trials. These trials did not show an increase in the risk of suicidal thoughts and

behavior with antidepressants use in subjects aged 65 and older. In patients of all ages who are started on antidepressant therapy, monitor closely for worsening, and for emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber.

NEUROPSYCHIATRIC REACTIONS IN PATIENTS TAKING BUPROPION FOR SMOKING CESSATION

Serious neuropsychiatric reactions have occurred in patients taking bupropion for smoking cessation. The majority of these reactions occurred during bupropion treatment, but some occurred in the context of discontinuing treatment. In many cases, a causal relationship to bupropion treatment is not certain, because depressed mood may be a symptom of nicotine withdrawal. However, some of the cases occurred in patients taking bupropion who continued to smoke. Although bupropion hydrochloride extended-release tablets (XL) are not approved for smoking cessation, observe all patients for neuropsychiatric reactions. Instruct the patient to contact a healthcare provider if such reactions occur.

Routes of Entry: Oral

Effects of Overexposure: Tablets are intended for human consumption under guidance of a physician. Intact Tablets are not considered hazardous under normal handling procedures.

Medical conditions Aggravated by Long Term Exposure: Seizure disorders, Eating disorder (anorexia or bulimia nervosa), Liver impairment, Kidney impairment, Psychosis, Mania, Cardiovascular disease.

Carcinogenicity: Bupropion Hydrochloride, USP - Not listed by IARC, NTP and OSHA.

3.COMPOSITION / INFORMATION ON INGREDIENTS

Ingredient	CAS #	*Concentration %	
		150 mg	300 mg
Bupropion Hydrochloride, USP	31677-93-7	≈60.49 %	≈60.93 %
Excipients	NA	≈39.51 %	≈39.07 %

Contains no hazardous components (one percent or greater) or carcinogens (one-tenth percent or greater) not listed above.

* All Concentrations are percent by weight.

4. FIRST AID MEASURES

Inhalation: Move in to fresh air and keep at rest. For breathing difficulties, Oxygen may be necessary. Get medical attention. If breathing stops, provide artificial respiration.

Skin Contact: Wash skin thoroughly with soap and water. Get medical attention if irritation persists after washing. Remove contaminated clothing and shoes. Wash contaminated clothing before reuse. Destroy or thoroughly clean contaminated shoes.

Eye Contact: Immediately flush with plenty of water for at least 15 minutes. If easy to do, remove contact lenses. Get medical attention.

Ingestion: Do not induce vomiting unless directed to do so by medical personnel. Never give liquid to an unconscious person. Get medical attention.

Notes to the Physician:

Bupropion is a relatively weak inhibitor of the neuronal uptake of norepinephrine and dopamine, and does not inhibit monoamine oxidase or the re-uptake of serotonin. While the mechanism of action of bupropion, as with other antidepressants, is unknown, it is presumed that this action is mediated by noradrenergic and/or dopaminergic mechanisms.

Overdose Treatment:

Consult a Certified Poison Control Center for up-to-date guidance and advice. Telephone numbers for certified poison control centers are listed in the Physician's Desk Reference (PDR).

There are no known antidotes for bupropion. In case of an overdose, provide supportive care, including close medical supervision and monitoring. Consider the possibility of multiple drug overdoses.

5. FIRE-FIGHTING MEASURES

Extinguishing Media: Water spray, CO₂, dry chemical or alcohol resistant foam.

Unusual Fire & Explosion Hazards: Emits toxic fumes under fire conditions.

Special Fire Fighting Procedures: Self-Contained breathing apparatus and full protective clothing must be worn in case of fire.

Protective Measures: Prevent runoff from fire control or dilution from entering streams, sewers, or drinking water supply.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions: Use personal protective equipment. Immediately contact emergency personnel. Keep unnecessary personnel away. Follow all firefighting procedures.

Environmental precautions: Do not release in to the environment.

Spill Cleanup methods: Use a vacuum cleaner. If not possible, moisten dust with water before it is collected with shovel, broom or the like. Collect in containers and seal securely. For waste disposal, see section 13 of the SDS.

7.HANDLING AND STORAGE

Handling: Do not breathe dust. Avoid contact with eyes, skin, and clothing. Wash thoroughly after handling.

Storage: Keep container tightly closed in a cool, well-ventilated place. Keep away from heat and direct sun light.

8.EXPOSURE CONTROLS / PERSONAL PROTECTION

Tablets are not considered hazardous under normal handling procedures and protective equipment is not required. The following are recommended for manufacturing or other situations where exposure to the powder may occur.

Protective Measures: Minimize open handling. Containment technologies suitable for controlling compounds are required to control at source and to prevent migration of the compound to uncontrolled areas.

Respiratory Protection: Use a NIOSH approved respirator or an alternate approved dust mask should be used.

Hand Protection: Chemical resistant gloves.

Eye Protection: Wear safety glasses with side shields (or goggles). If the work environment or activity involves dusty conditions, mist or aerosols, wear the appropriate goggles. Wear a face shield or other full face protection if there is a potential for direct contact to the face with dusts, mists, or aerosols.

Skin and Body Protection: Additional body garments should be used based upon the task being performed (e.g., sleevelets, apron, gauntlets, disposable suits) to avoid exposed skin surfaces. Use appropriate degowning techniques to remove potentially contaminated clothing.

Hygiene Measures: Wash skin thoroughly with soap and water.

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical Properties:

Physical State: Solid

Form: Tablets

Appearance:

150 mg Tablets	White to off white Capsule shaped, biconvex coated tablets debossed with I on one side and 13 on the other side.
300 mg Tablets	White to off white Capsule shaped, biconvex coated tablets debossed with I 11 on one side and Plain on the other side.

10. STABILITY AND REACTIVITY

Possibility of hazardous reactions: Stable under ordinary conditions of use and storage.

Conditions to avoid: Excessive heat & Moisture.

Incompatible materials: Strong oxidizers, Strong Bases and Strong Acids.

Hazardous Decomposition products: Thermal decomposition or combustion may liberate irritating gases or vapors.

11. TOXICOLOGICAL INFORMATION

General information: The information presented below pertains to the individual ingredients (Bupropion Hydrochloride, USP), and not to the mixture(s) or final formulations.

Inhalation: No data available.

Ingestion: Toxic if swallowed.

Skin Corrosion/ irritation: No data available.

Serious eye damage/eye irritation: Causes serious eye irritation.

Respiratory sensitizer/Skin sensitizer: No data available.

Carcinogenesis:

Lifetime carcinogenicity studies were performed in rats and mice at doses up to 300 and 150 mg/kg/day, respectively. These doses are approximately 7 and 2 times the maximum recommended human dose (MRHD), respectively, on a mg/m² basis. In the rat study there was an increase in nodular proliferative lesions of the liver at doses of 100 to 300

mg/kg/day (approximately 2 to 7 times the MRHD on a mg/m² basis); lower doses were not tested. The question of whether or not such lesions may be precursors of neoplasms of the liver is currently unresolved. Similar liver lesions were not seen in the mouse study, and no increase in malignant tumors of the liver and other organs was seen in either study.

Mutagenesis:

Bupropion produced a positive response (2 to 3 times control mutation rate) in 2 of 5 strains in the Ames bacterial mutagenicity test and an increase in chromosomal aberrations in 1 of 3 in vivo rat bone marrow cytogenetic studies.

Impairment of Fertility:

A fertility study in rats at doses up to 300 mg/kg/day revealed no evidence of impaired fertility.

Other information:

Medically adverse effects reported with Bupropion Hydrochloride Extended – Release Tablets, USP (XL) include: Rash, Nausea, Agitation, and Migraine.

12.ECOLOGICAL INFORMATION

General information: The information presented below pertains to the individual ingredients (Bupropion Hydrochloride, USP), and not to the mixture(s) or final formulations.

Ecotoxicity Effects:

Acute toxicity to Fish: Species: Rainbow trout, Donaldson trout - Test Result: 33 mg/l, 96 hours.

Acute toxicity to Aquatic Invertebrates: No data available.

Toxicity to Aquatic Plants: No data available.

Bioaccumulation: No data available.

Mobility: No data available.

13.DISPOSAL CONSIDERATIONS

Waste Disposal: Dispose of waste must be in accordance with all applicable Federal, State and local laws.

Measures for Avoidance and Recovery: Incineration is the most effective method of disposal in most instances. Do not allow runoff to sewer, waterway or ground. Operations

that involve the crushing or shredding of waste materials or returned goods should take into account recommended exposure limits where they exist.

14. TRANSPORT INFORMATION

DOT: Not Regulated

IMDG: Not regulated

ICAO/IATA: Not Regulated

IMO: Not Regulated

15. REGULATORY INFORMATION

Stated regulatory information chosen primarily for possible usage of InvaGen Pharmaceutical, Inc. This section is not a complete analysis or reference to all applicable regulatory information. Please consider all applicable laws and regulations for your country/state.

CERLA Hazardous Substance List (40 CFR 302.4): None

TSCA : None

SARA Title III

Section 302 Extremely Hazardous Substance (40 CFR 355, Appendix A): None

Section 313 Toxic Release Inventory (40 CFR 372): None

16. OTHER INFORMATION

SDS Sections Revised:

Revision 00: New

GLOSSARY:

SDS	Safety Data Sheet
NA	Not Applicable
CAS Number	Chemical Abstract Service Registry Number
NTP	National Toxicology Program
NIOSH	National Institute for Occupational Safety and Health
DOT	Department of Transportation
IMDG	International Maritime Dangerous Goods Code
ICAO	International Civil Aviation Organization
IATA	International Air Transport Association
IMO	International Maritime Organization
TSCA	Toxic Substances Control Act
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
SARA	Superfund Amendments and Reauthorization Act
OSHA	Occupational Safety and Health Administration

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