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inventia

Duloxetine Delayed-Release Capsules USP

Strengths - 20mg, 30mg, 60 mg

Material Safety Data Sheet

Section 1: Identification of the product/ Manufacturer

Product name	**Duloxetine Delayed-Release capsules USP** 20mg, 30mg, 60mg.
Manufacturer's Name	**Inventia Healthcare Pvt. Ltd.**
Address	F1-F1/1, Additional Ambernath, M.I.D.C, Ambernath (E), Dist. Thane - 421506, Maharashtra, INDIA
Phone No.	91 – (0) 251 – 661 4000
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Date of Issue	Dec. 2015
Date of Review	Nov. 2017
Therapeutic Category	Selective serotonin and norepinephrine reuptake inhibitor (SSNRI)
Contraindications	Serotonin syndrome and MAOIs: Do not use MAOIs intended to treat psychiatric disorders with Duloxetine or within 5 days of stopping treatment with Duloxetine. Do not use Duloxetine within 14 days of stopping an MAOI intended to treat psychiatric disorders.

Section 2: Composition / information on ingredients

Ingredients	CAS	Strengths
Duloxetine hydrochloride USP equivalent to Duloxetine	136434-34-9	20mg, 30mg, 60mg

Section 3: Hazard Identification

Fire and Explosion	Expected to be non-combustible
Health	The use of Monoamine Oxidase Inhibitors (MAOIs) intended to treat psychiatric disorders with duloxetine or within 5 days of stopping treatment with duloxetine is contraindicated because of an increased risk of serotonin syndrome. The use of Duloxetine within 14 days of stopping an MAOI intended to treat psychiatric disorders is also contraindicated. Starting Duloxetine 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. In clinical trials, Duloxetine use was associated with an increased risk of mydriasis; therefore, its use should be avoided in patients with uncontrolled narrow-angle glaucoma.
Environment	No information is available about the potential of this product to produce adverse environmental effects.

Section 4: First Aid measures

Ingestion	If conscious, give water drink and induce vomiting. Do not attempt to give any solid or liquid by mouth if the exposed subject is unconscious or semi-conscious. Wash out the mouth with water. Obtain medical attention.
Inhalation	Remove to fresh air. If not breathing give artificial respiration. If breathing is difficult, seek medical attention.
Skin contact	Remove contaminated clothing and flush exposed area with large amounts of water. Wash all exposed areas of skin with plenty of soap and water. Obtain medical attention if skin reaction occurs.
Eye contact	Flush eyes with plenty of water. Get medical attention.
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.
Overdose treatment	There is no specific antidote to Duloxetine, but if serotonin syndrome ensues, specific treatment (such as with Cyproheptadine and / or temperature control) may be considered. In case of acute overdose, treatment should consist of those general measures employed in the management of overdose with any drug. An adequate airway, oxygenation, and ventilation should be assured, and cardiac rhythm and vital signs should be monitored. Induction of emesis is not recommended. Gastric lavage with a large-bore orogastric tube with appropriate airway protection, if needed, may be indicated if performed soon after ingestion or in symptomatic patients. Activated charcoal may be useful in limiting absorption of Duloxetine from the gastrointestinal tract. Administration of activated charcoal has been shown to decrease AUC and C_{max} by an average of one-third, although some subjects had a limited effect of activated charcoal. Due to the large volume of distribution of this drug, forced diuresis, dialysis, hemoperfusion and exchange transfusion are unlikely to be beneficial. In managing overdose, the possibility of multiple drug involvement should be considered. A specific caution involves patients who are taking or have recently taken Duloxetine and might ingest excessive quantities of a TCA. In such a case, decreased clearance of the parent tricyclic and / or its active

metabolite may increase the possibility of clinically significant sequelae and extend the time needed for close medical observation. The physician should consider contacting a poison control center for additional information on the treatment of any overdose.

Section 5: Fire Fighting measures

Extinguishing media	Water spray, dry chemical, carbon dioxide or foam as appropriate for surrounding fire and material.
Fire and explosion hazards	Assume that this product is capable of sustaining combustion.
Fire fighting procedures	For single units (packages) : No special requirements needed. 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.
Hazardous combustion products	Hazardous combustion or decomposition products are expected when the product is exposed to fire.

Section 6: Accidental release measures

Spill Response	Wear approved respiratory protection, chemically compatible gloves and protective clothing. Wipe up spillage or collect spillage using high efficiency vacuum cleaner. Avoid breathing dust. Place spillage in appropriately labeled container for disposal. For large spills, take precautions to prevent entry into waterways, sewers or surface drainage systems.

Section 7: Handling & Storage

Handling	No special control measures required for the normal handling of this product. Normal room ventilation is expected to be adequate for routine handling of this product.
Storage	Store at 20°- 25°C (68° - 77° F), excursion permitted to 15°- 30°C (59°-86°F) [see USP controlled room temperature]

Section 8: Exposure controls / personal protection

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

Section 9: Physical & Chemical properties

Appearance	Duloxetine Delayed-Release Capsules, USP equivalent to 20 mg of Duloxetine are white to off white spherical to oval pellets filled in hard gelatin capsule shells of size "4" with '297' imprinted in grey ink on opaque green colored cap and "Cipla" imprinted in black ink on clear transparent body. Duloxetine Delayed-Release Capsules, USP equivalent to 30 mg

of Duloxetine are white to off white spherical to oval pellets filled in hard gelatin capsule shells of size "3" with '298' imprinted in grey ink on opaque white colored cap and "Cipla" imprinted in black ink on clear transparent body.
Duloxetine Delayed-Release Capsules, USP equivalent to 60 mg of Duloxetine are white to off white spherical to oval pellets filled in hard gelatin capsule shells of size "1" with '299' imprinted in grey ink on opaque blue colored cap and "Cipla" imprinted in black ink on clear transparent body.

Section 10: Stability & reactivity

Stable under recommended storage conditions

Section 11: Toxicological information

General

Handling of formulation product is not expected to cause any toxicological affects. The data pertains to the ingredient in formulations, rather than this specific formulation.

Target organ

Eye contact, skin contact and inhalation is not great risk as this product is Capsule.

Other

Carcinogenesis

Duloxetine was administered in the diet to mice and rats for 2 years.
In female mice receiving Duloxetine at 140 mg/kg/day (11 times the maximum recommended human dose [MRHD, 60 mg/day] and 6 times the human dose of 120 mg/day on a mg/m^2 basis), there was an increased incidence of hepatocellular adenomas and carcinomas. The no-effect dose was 50 mg/kg/day (4 times the MRHD and 2 times the human does of 120 mg/day on a mg/m^2 basis). Tumor incidence was not increased in male mice receiving Duloxetine at doses up to 100 mg/kg/day (8 times the MRHD and 4 times the human dose of 120 mg/kg/day on a mg/ m^2 basis)
In rats, dietary doses of Duloxetine up to 27 mg/kg/day in females (4 times the MRHD and 2 times the human does of 120 mg/day on a mg/m^2 basis) and up to 36 mg/kg/day in males (6 times the MRHD and 3 times the human dose of 120 mg/day on a mg/m^2 basis) did not increase the incidence of tumors.

Mutagenesis

Duloxetine was not mutagenic in the in vitro bacterial reverse mutation assay (Ames test and was not clastogenic and an in vivo chromosomal aberration test in mouse bone marrow cells. Additionally, Duloxetine was not genotoxic in an in vitro mammalian forward gene mutation assay in mouse lymphoma cells or in an in vitro unscheduled DNA synthesis (UDS) assay in primary rat hepatocytes, and did not induce sister chromatid exchange in Chinese hamster bone marrow in vivo.

Impairment of Fertility

Duloxetine administered orally to either male or female rats prior to and throughout mating at doses up to 45 mg/kg/day (7 times

the maximum recommended human dose of 60 mg/day and 4 times the human dose of 120 mg/day on a mg/m^2 basis) did not alter mating or fertility.

Section 12: Ecological information

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

Section 13: Disposal consideration

Dispose the waste in accordance with all applicable Federal, state and local environmental conditions

Section 14: Transport information

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

Section 15: Regulatory information

This section contains information relevant to compliance with other Federal and/or state laws.

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 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.

Signatory	Prepared by	Checked by	Approved by
Signature and date	16/Dec/2015	16/Dec/2015	16 Dec 2015
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