Safety Data Sheet
Venlafaxine Extended-Release Capsules

Strength: 37.5mg, 75mg and 150 mg **Pack Size:** 30, 90,100, 500, 1000 Capsules per bottle **Revision No.:** 02

EMERGENCY OVERVIEW

Each Venlafaxine Extended-Release capsules intended for oral administration contains Venlafaxine hydrochloride and excipients generally considered to be non- toxic and non-hazardous in small quantities and under conditions of normal occupational exposure.

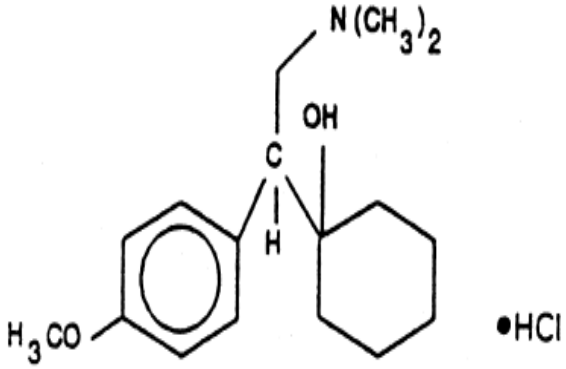
Section 1. Identification

Identification of the product

Product name: **Venlafaxine Extended-Release capsules**

Chemical Formula: $C_{17}H_{27}NO_2$ HCl

Chemical Name: (R/S)-1-[2-(dimethylamino)-1-(4-methoxyphenyl)ethyl] cyclohexanol hydrochloride or (±)-1-[α-[(dimethyl-amino)methyl]-p-methoxybenzyl] cyclohexanol hydrochloride



Manufacturer / supplier identification

Company: **Cadila Healthcare Ltd. Ahmedabad, India**

Address: Sarkhej – Bavla. N.H. 8A, Moraiya. Tal. Sanand. Dist. Ahmedabad – 382210. State: Gujarat. India

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Recommended use / Therapeutic Category Antidepressant

Restriction on Use / Contraindications:	Hypersensitivity to venlafaxine hydrochloride or to any excipients in the formulation. Concomitant use in patients taking monoamine oxidase inhibitors (MAOIs) is contraindicated.

Section 2. Hazard(s) Information

Dose and Administration

Labor and Delivery:
The effect of venlafaxine on labor and delivery in Humans is unknown.

Nursing Mothers:
Venlafaxine and ODV have been reported to be excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from venlafaxine hydrochloride extended-release capsules, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use:
Safety and effectiveness in the pediatric population have not been established.

Adverse Effects

- Hypersensitivity
- Suicidal Thoughts and Behaviors in Children, Adolescents, and Adults
- Serotonin Syndrome
- Elevations in Blood Pressure
- Abnormal Bleeding
- Angle Closure Glaucoma
- Activation of Mania/Hypomania
- Discontinuation Syndrome
- Renal Impairment
- Hepatic Impairment
- Seizure
- Hyponatremia
- Weight and Height changes in Pediatric Patients
- Appetite Changes in Pediatric Patients
- Interstitial Lung Disease and Eosinophilic Pneumonia

Other Adverse Reactions Observed in Clinical Studies
Body as a whole
Photosensitivity reaction
Cardiovascular system
Postural hypotension, syncope, hypotension, tachycardia

Digestive system
Gastrointestinal hemorrhage
Hemic/Lymphatic system
Ecchymosis
Metabolic/Nutritional
Hypercholesterolemia, weight gain
Nervous system
Seizures, manic reaction, agitation, confusion, akathisia, hallucinations, hypertonia, myoclonus, depersonalization, apathy
Skin and appendages
Urticaria, pruritus, rash, alopecia
Special senses
Mydriasis, abnormality of accommodation, tinnitus, taste perversion
Urogenital system
Urinary retention, urination impaired, urinary incontinence, urinary frequency increased, menstrual disorders associated with increased bleeding or increased irregular bleeding (e.g., menorrhagia, metrorrhagia)

Over Dose Effect

Human Experience

During the premarketing evaluations of venlafaxine hydrochloride extended-release capsules (for MDD, SAD, and PD) and venlafaxine hydrochloride tablets (for MDD), there were twenty reports of acute overdosage with venlafaxine hydrochloride (6 and 14 reports in venlafaxine hydrochloride extended-release capsules and venlafaxine hydrochloride tablets patients, respectively), either alone or in combination with other drugs and/or alcohol.

Somnolence was the most commonly reported symptom. Among the other reported symptoms were paresthesia of all four limbs, moderate dizziness, nausea, numb hands and feet, and hot-cold spells 5 days after the overdose. In most cases, no signs or symptoms were associated with overdose. The majority of the reports involved ingestion in which the total dose of venlafaxine taken was estimated to be no more than several-fold higher than the usual therapeutic dose. One patient who ingested 2.75 g of venlafaxine was observed to have two generalized convulsions and a prolongation of QTc to 500 msec, compared with 405 msec at baseline. Mild sinus tachycardia was reported in two of the other patients.

Actions taken to treat the overdose included no treatment, hospitalization and symptomatic treatment, and hospitalization plus treatment with activated charcoal. All patients recovered.

	In postmarketing experience, overdose with venlafaxine has occurred predominantly in combination with alcohol and/or other drugs. The most commonly reported events in overdosage include tachycardia, changes in level of consciousness (ranging from somnolence to coma), mydriasis, seizures, and vomiting. Electrocardiogram changes (e.g., prolongation of QT interval, bundle branch block, QRS prolongation), ventricular tachycardia, bradycardia, hypotension, rhabdomyolysis, vertigo, liver necrosis, serotonin syndrome, and death have been reported. Published retrospective studies report that venlafaxine overdosage may be associated with an increased risk of fatal outcomes compared to that observed with SSRI antidepressant products, but lower than that for tricyclic antidepressants. Epidemiological studies have shown that venlafaxine-treated patients have a higher preexisting burden of suicide risk factors than SSRI-treated patients. The extent to which the finding of an increased risk of fatal outcomes can be attributed to the toxicity of venlafaxine in overdosage, as opposed to some characteristic(s) of venlafaxine-treated patients, is not clear. Prescriptions for venlafaxine hydrochloride extended-release capsules should be written for the smallest quantity of capsules consistent with good patient management, in order to reduce the risk of overdose.
Medical Conditions	Thoughts about suicide or dying Attempts to commit suicide New or worse depression New or worse anxiety Feeling very agitated or restless Panic attacks Trouble sleeping (insomnia) New or worse irritability Acting aggressive, being angry, or violent Acting on dangerous impulses An extreme increase in activity and talking (mania) Other unusual changes in behavior or mood
Contraindications	Hypersensitivity to venlafaxine hydrochloride or to any excipients in the formulation concomitant use in patients taking monoamine oxidase inhibitors (MAOIs) is contraindicated.
Pregnancy Comments	Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy. Nursing**:** Patients should be advised to notify their physician if they are breast-feeding an infant.
Pregnancy Category	C

Section 3. Composition / information on ingredient

Component	Exposure Limit	CAS No.
Principle Component :		
Venlafaxine HCl	Not Found	99300-78-4
Inactive Ingredients :		
Colloidal anhydrous silica	Not Found	7631-86-9
Cetostearal alcohol	Not Found	36653-82-4
Gelatin	Not Found	NA
Hypermellose	Not Found	9004-65-3
Microcrystalline cellulose	Not Found	9004-34-6
Polyacrylate dispersion	Not Found	NA
Sodium lauryl sulfate	Not Found	151-21-3
Talc	Not Found	14807-96-6
Titanium dioxide	Not Found	13463-67-7

Section 4. First - aid measures

General

Inhalation

Remove to fresh air. If not breathing give artificial respiration. If breathing Is difficult, give oxygen. Seek medical attention.

Contact with skin

Immediately wash skin with soap and copious amounts of water for at least 15 minutes. If irritation persists, seek medical attention.

Contact with eyes

Immediately flush eyes with copious amounts of water for at least 15 minutes. Seek medical advice

Ingestion

If swallowed, wash out mouth with water, provided person is concious. Seek medical advice

Remove and wash/dispose of contaminated clothing promptly.

Overdose Treatment	Ensure an adequate airway, oxygenation, and ventilation. Monitor cardiac rhythm and vital signs. General supportive and symptomatic measures are also recommended. 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 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 venlafaxine are known.

Section 5. Fire - fighting measures

Flash point	Not Found	**Upper Flammable Limit:**	Not Found
Auto-Ignition Temperature:	Not Found	**Lower Flammable Limit:**	Not Found
Extinguishing Media	Water Spray, dry chemical, carbon dioxide or foam as appropriate for surrounding fire and material.	**Fire and Explosion Hazard**	This material is assumed to be combustible. As with all dry powders it is advisable to ground mechanical equipment in contact with the dry material to dissipate the potential build-up of static electricity.

Fire Fighting Procedure	As with all fires, evacuate personnel to a safe area. Fire fighter should use self- contained breathing equipment and protective clothing.

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 labelled container for disposal. Wash spill site.

Section 7. Handling and Storage

Storage	Store at 20° to 25°C (68° to 77°F) in a dry place**.**

Incompatibilities: No Data available.

Section 8. Exposure controls / personal protection

Respiratory Protection Protection from inhalation is not normally necessary. If ventilation is inadequate or dust is likely to generate, use of suitable dust mask would be appropriate.

Skin Protection Skin protection is not normally necessary, however it is good practice to avoid contact with chemical to use suitable gloves when handling.

Eye protection Eye protection is not normally necessary. If concerned wear protective goggles or glasses. Wash hands prior to touching eye and in particular handling contact lenses.

Protective Clothing Protective clothing is not normally necessary, however it is good practice to use apron.

Engineering Control 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

Appearance

Venlafaxine Hydrochloride Extended-release Capsules, 37.5 mg are white to off-white free flowing pellets filled in size '3' hard gelatin capsules with grey colored cap printed with "ZA-35" in black ink & white body printed with "37.5 mg" in black ink

Venlafaxine Hydrochloride Extended-release Capsules, 75 mg are white to off-white free flowing pellets filled in size '1' hard gelatin capsules with peach colored cap printed with "ZA-36" in black ink & white body printed with "75 mg" in black ink

Venlafaxine Hydrochloride Extended-release Capsules, 150 mg are white to off-white free flowing pellets filled in size '0' hard gelatin capsules with dark orange colored cap printed with "ZA-37" in black ink & white body printed with "150 mg" in black ink

Solubility in water	No Data Available	**Odour**	Odourless
Boiling point	No Data Available	**Melting Point**	No Data Available
Evaporation rate	No Data Available	**Vapour density**	No Data Available
Reactivity in water	No Data Available	**Evaporation rate**	No Data Available
% Volatile by volume	No Data Available	**Specific gravity**	No Data Available
		Vapour pressure	No Data Available

Other information Venlafaxine hydrochloride is a white to off-white crystalline powder; soluble in

methanol and in water. Its octanol:water (0.2 M sodium chloride) partition coefficient is 0.43.

Section 10. Stability and Reactivity

Condition to avoid	Avoid exposure to extreme heat, light and moisture.	**Stable**	Stable under normal ambient and anticipated storage and handling conditions.
Decomposition Products	No Data Available	**Hazardous Reaction**	No data available.
Incompatibilities:	No Data available		

Section 11. Toxicological information

General	Handling of formulated product is not expected to cause any toxicological affects. The data pertains to the ingredient in formulations, rather than this specie formulation.
Target organ	Eye contact, Skin contact and inhalation is not great risk as this product is tablet.
Other	Not applicable

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 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. Approved by USFDA & the ANDA Number is 090174

Section 16. Other information

None

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The information contained herein is based on the state of our knowledge. It Characterises the product with regard to the appropriate safety precautions. It does not represent a guarantee of the properties of the product.