EMERGENCY OVERVIEW
RISPERIDONE TABLETS contain Risperidone and excipients generally considered to be non-toxic and non-hazardous in small quantities and under conditions of normal occupational exposure.

Section 1. Identification of the substance

Identification of the product

Product name: RISPERIDONE TABLETS

Chemical Formula: C_{23}H_{27}FN_{4}O_{2}

Chemical Name: 3-[2-[4-(6-fluoro-1,2-benzisoxazol-3-yl)-1-piperidinyl]ethyl]-6,7,8,9-tetrahydro-2-methyl-4H-pyrido[1,2-a]pyrimidin-4-one

Therapeutic Category: Psychotropic agent

Manufacturer / supplier identification

Company: Cadila Healthcare Ltd. Ahmedabad, India

Contact for information: Tel.: +91 79 6868100  Fax: +91 79 3750319

Emergency telephone No.: Tel.: +91 79 6868100

Section 2. Composition / information on ingredients

<table>
<thead>
<tr>
<th>Component</th>
<th>Exposure Limit</th>
<th>CAS No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principle Component:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risperidone</td>
<td>Not Found</td>
<td>747-36-4</td>
</tr>
<tr>
<td><strong>Inactive Ingredients:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corn starch</td>
<td>Not Found</td>
<td>9005-25-8</td>
</tr>
<tr>
<td>Hypromellose</td>
<td>Not Found</td>
<td>9004-65-3</td>
</tr>
<tr>
<td>Lactose monohydrate</td>
<td>Not Found</td>
<td>10039-26-6</td>
</tr>
<tr>
<td>Magnesium stearate</td>
<td>Not Found</td>
<td>557-04-0</td>
</tr>
<tr>
<td>Microcrystalline cellulose</td>
<td>Not Found</td>
<td>9004-34-6</td>
</tr>
<tr>
<td>Propylene glycol</td>
<td>Not Found</td>
<td>57-55-6</td>
</tr>
<tr>
<td>Sodium lauryl sulfate</td>
<td>Not Found</td>
<td>151-21-3</td>
</tr>
<tr>
<td>Titanium dioxide</td>
<td>Not Found</td>
<td>13463-67-7</td>
</tr>
<tr>
<td>Permitted colors</td>
<td>Not Found</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Section 3. Health Hazards Information

<table>
<thead>
<tr>
<th>Dose and Administration</th>
<th>Schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Adult, Usual Initial Dose</strong></td>
<td><strong>Risperidone tablets can be administered once or twice daily. Initial dosing is generally 2 mg/day. Dose increases should then occur at intervals not less than 24 hours, in increments of 1 - 2 mg/day, as tolerated, to a recommended dose of 4 to 8 mg/day.</strong></td>
</tr>
</tbody>
</table>

**Maintenance Therapy**  
While it is unknown how long a patient with schizophrenia should remain on risperidone tablets, the effectiveness of risperidone tablets 2 mg/day to 8 mg/day.

**Bipolar Mania**  
**Adults: Usual Dose**  
Risperidone should be administered on a once-daily schedule, starting with 2 mg to 3 mg per day.

<table>
<thead>
<tr>
<th>Adverse Effects</th>
<th>Body as a whole - general disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Back pain, Fatigue, Chest pain, Fever, Asthenia, Syncope and Edema.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiovascular disorders, general</th>
<th>Hypotension postural, Hypotension</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Central and peripheral nervous system disorders</th>
<th>Parkinsonism, Dizziness, Dystonia, Akathisia, Dyskinesia</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gastrointestinal system disorders</th>
<th>Dyspepsia, Nausea. Constipation, Abdominal pain, Mouth dry, Saliva increased, Diarrhea</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hearing and vestibular disorders</th>
<th>Earache</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Heart rate and rhythm disorders</th>
<th>Tachycardia, Arrhythmia</th>
</tr>
</thead>
</table>

**Over Dose Effect**  
Premarketing experience included eight reports of acute risperidone tablets overdosage with estimated doses ranging from 20 to 300 mg and no fatalities. In general, reported signs and symptoms were those resulting from an exaggeration of the drug’s known pharmacological effects, i.e., drowsiness and sedation, tachycardia and hypotension, and extrapyramidal symptoms.

**Contraindications**  
Hypersensitivity reactions, including anaphylactic reactions and angioedema, have been observed in patients treated with risperidone. Therefore, risperidone tablets are contraindicated in patients with a known hypersensitivity to the product.
**Medical Conditions**

Cerebrovascular Adverse Events, Including Stroke, in Elderly Patients with Dementia-Related Psychosis Cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities

Neuroleptic Malignant Syndrome (NMS), A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with antipsychotic drugs.

Tardive Dyskinesia, A syndrome of potentially irreversible, involuntary, dyskinetic movements may develop in patients treated with antipsychotic drugs.

Hyperglycemia and Diabetes Mellitus, Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported.

Orthostatic Hypotension, Risperidone tablets may induce orthostatic hypotension associated with dizziness, tachycardia, and in some patients, syncope, especially during the initial dose-titration period, probably reflecting its alpha-adrenergic antagonistic properties.

Potential for Cognitive and Motor Impairment, Somnolence was a commonly reported adverse event associated with risperidone tablets treatment, especially when ascertained by direct questioning of patients.

Dysphagia, Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in patients with advanced Alzheimer's dementia.

Body Temperature Regulation, Disruption of body temperature regulation has been attributed to antipsychotic agents. Both hyperthermia and hypothermia have been reported in association with oral risperidone tablets use. Caution is advised when prescribing for patients who will be exposed to temperature extremes.

Antiemetic Effect, Risperidone has an antiemetic effect in animals; this effect may also occur in humans, and may mask signs and symptoms of overdosage with certain drugs or of conditions such as intestinal obstruction, Reye's syndrome, and brain tumor.

Suicide, The possibility of a suicide attempt is inherent in patients with schizophrenia and bipolar mania.

**Pregnancy Comments**

The teratogenic potential of risperidone was studied in three Segment II studies in Sprague-Dawley and Wistar rats (0.63-10 mg/kg or 0.4 to 6 times the maximum recommended human dose [MRHD] on a mg/m² basis) and in one Segment II study in New Zealand rabbits (0.31-5 mg/kg or 0.4 to 6 times the MRHD on a mg/m² basis). The incidence of malformations was not increased compared to control in offspring of rats or rabbits given 0.4 to 6 times the MRHD on a mg/m² basis. In three reproductive studies in rats (two Segment III and a multigenerational study), there was an increase in pup deaths during the first 4 days of lactation at doses of 0.16-5 mg/kg or 0.1 to 3 times the MRHD on a mg/m² basis. It is not known whether these deaths were due to a direct effect on the fetuses or pups or to effects on the dams.

**Pregnancy Category**

C
Material Safety data sheet

RISPERIDONE TABLETS

Strength: 0.25, 0.5, 1.0, 2.0, 3.0, 4.0 mg  Pack Size: 30,60,90,100,500,1000 Tablets per bottle  Revision No.: 00

**Section 4. First aid measures**

**General**
Remove from exposure. Remove contaminated Clothing. Person developing serious hypersensitivity reaction must receive medical attention.

**Overdose Treatment**
In case of acute overdosage, establish and maintain an airway and ensure adequate oxygenation and ventilation. Gastric lavage and administration of activated charcoal together with a laxative should be considered. The possibility of obtundation, seizures, or dystonic reaction of the head and neck following overdose may create a risk of aspiration with induced emesis. There is no specific antidote to risperidone tablets. Therefore, appropriate supportive measures should be instituted. Hypotension and circulatory collapse should be treated with appropriate measures, such as intravenous fluids and/or sympathomimetic agents (epinephrine and dopamine should not be used, since beta stimulation may worsen hypotension in the setting of risperidone-induced alpha blockade). Close medical supervision and monitoring should continue until the patient recovers.

**Section 5. Fire – fighting measures**

<table>
<thead>
<tr>
<th>Flash point</th>
<th>Not Found</th>
<th>Upper Flammable Limit:</th>
<th>Not Found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Auto-Ignition Temperature:</strong></td>
<td>Not Found</td>
<td><strong>Lower Flammable Limit:</strong></td>
<td>Not Found</td>
</tr>
<tr>
<td><strong>Extinguishing Media</strong></td>
<td>Water Spray, dry chemical, carbon dioxide or foam as appropriate for surrounding fire and material.</td>
<td>Fire and Explosion Hazard</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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. Storage / Spill / Disposal Measures**

<table>
<thead>
<tr>
<th>Storage</th>
<th>Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Protect from light and moisture. Dispense in a tight, light-resistant container. Keep out of reach of children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spill Response</td>
<td>Wear approved respiratory protection, chemically compatible gloves and protective clothing. Wipe up spillage using high efficiency vacuum cleaner. Avoid breathing dust.</td>
</tr>
<tr>
<td>Disposal</td>
<td>Dispose the waste in accordance with all applicable Federal, State and local laws.</td>
</tr>
</tbody>
</table>
Section 7. Exposure controls and 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.

Section 8. Physical and chemical properties

**Appearance**
Risperidone Tablets, 0.25 mg are dark yellow, round, biconvex film-coated tablets debossed with “Z” on one side and “4” on the other side.

Risperidone Tablets, 0.5 mg are red-brown colored, round, biconvex film-coated tablets debossed with “Z” on one side and “6” on other side.

Risperidone Tablets, 1 mg are white to off-white, round, biconvex film-coated tablets debossed with “ZC 75” on one and plain on other side.

Risperidone Tablets, 2 mg are orange, round, biconvex film-coated tablets debossed with “ZC 76”on one side and plain on other side.

Risperidone Tablets, 3 mg are yellow, round, biconvex film-coated tablets debossed with "ZC 77"on one side and plain on other side.

Risperidone Tablets, 4 mg are green, round, biconvex film-coated tablets debossed with “ZC 78” on one side and plain on other side.

**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

**Percentage Volatile by volume**
No Data Available

**Specific gravity**
No Data Available

**Vapour pressure**
No Data Available

**Other information**
Risperidone is a white to almost white powder. It is practically insoluble in water, freely soluble in dichloromethane and sparingly soluble in alcohol.
Material Safety data sheet

RISPERIDONE TABLETS

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Section 9. Physical Hazards

<table>
<thead>
<tr>
<th>Condition to avoid</th>
<th>Stable</th>
<th>Decomposition Products</th>
<th>Hazardous Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid exposure to extreme heat, light and moisture.</td>
<td>Stable under normal ambient and anticipated storage and handling conditions.</td>
<td>No Data Available</td>
<td>No data available.</td>
</tr>
</tbody>
</table>

Incompatibilities: No data available.

Section 10. 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: -

Section 11. Ecological information

No data available on Ecotoxicity

Section 12. Other information

None

Date of issue: 02/04/208  Supersedes edition of: New Edition

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.