

Fosphenytoin Sodium Cas No. : 92134-98-0

Hydantoin anticonvulsants (hye-DAN-toyn an-tye-kon-VUL-sants) are used most often to control certain convulsions or seizures in the treatment of epilepsy. Phenytoin also may be used for other conditions as determined by your doctor.



Active Pharmaceuticals Ingredients Manufacturers

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Fosphenytoin Sodium

CAS No. : 92134-98-0



Molecular Formula C₁₆H₁₃N₂Na₂O₆P
Molecular Weight 406.24

Systematic (IUPAC) name

(2,5-dioxo-4,4-diphenyl-imidazolidin-1-yl)methoxyphosphonic acid

Identifiers

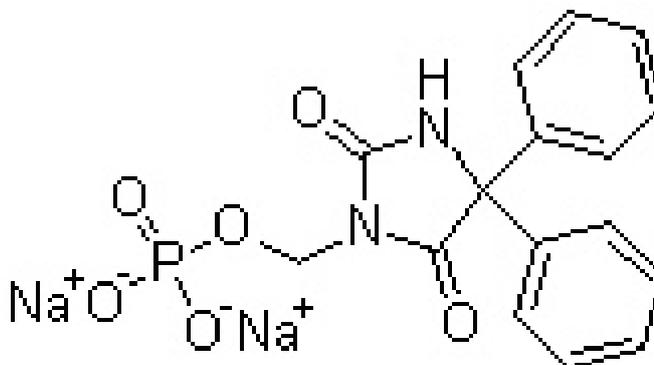
CAS number 92134-98-0
ATC code N03AB05
PubChem 56339
DrugBank APRD00241

Chemical data

Formula C₁₆H₁₅N₂O₆P
Mol. mass 362.274 g/mol

Pharmacokinetic data

Bioavailability 100% (IM)
Protein binding 95 to 99%
Metabolism Hepatic
Half life 15 minutes to convert to phenytoin
Excretion Renal (as phenytoin)

**DOSAGE**

The dose, concentration in dosing solutions, and infusion rate of IV is expressed as phenytoin sodium equivalents (PE) to avoid the need to perform molecular weight-based adjustments when converting between fosphenytoin and phenytoin sodium doses. should always be pre scribed and dispensed in phenytoin sodium equivalent units (PE).has important differences in administration from those for parenteral phenytoin sodium The loading dose is 15 to 20 mg PE/kg administered at 100 to 150 mg PE/min.

Because of the risk of hypotension, fosphenytoin should be administered no faster than 150 mg PE/min. Continuous monitoring of the electrocardiogram, blood pressure, and respiratory function is essential and the patient should be observed throughout the period where maximal serum phenytoin concentrations occur, approximately 10 to 20 minutes

SIDE EFFECTS

Side effects are similar to phenytoin, except that fosphenytoin causes less hypotension and more paresthesia Fosphenytoin can cause hyperphosphatemia in end-stage renal failure patients

More common

Bleeding, tender, or enlarged gums (rare with ethotoin); burning, tingling, pain, or itching, especially in the groin—following fosphenytoin injection; clumsiness or unsteadiness;



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confusion; continuous, uncontrolled back-and-forth and/or rolling eye movements—may be sign of overdose; swollen glands in neck or underarms; fever; muscle pain; skin rash or itching; slurred speech or stuttering—may be sign of overdose; sore throat; trembling—may be sign of overdose; unusual excitement, nervousness, or irritability

Rare

Bone malformations; burning pain at place of injection; chest discomfort; chills and fever; dark urine; dizziness; frequent breaking of bones; headache; joint pain; learning difficulties—in children taking high doses for a long time; light gray-colored stools; loss of appetite; nausea or vomiting; pain of penis on erection; restlessness or agitation; slowed growth; stomach pain (severe); troubled or quick, shallow breathing; uncontrolled jerking or twisting movements of hands, arms, or legs; uncontrolled movements of lips, tongue, or cheeks; unusual bleeding (such as nosebleeds) or bruising; unusual tiredness or weakness; weight loss (unusual); yellow eyes or skin

PRECAUTIONS

Do not start or stop taking any other medicine without your doctor's advice. Other medicines may affect the way this medicine works .

This medicine will add to the effects of alcohol and other CNS depressants (medicines that may make you drowsy or less alert). Some examples of CNS depressants are antihistamines or medicine for hay fever, other allergies, or colds; sedatives, tranquilizers, or sleeping medicine; prescription pain medicine or narcotics; barbiturates; other medicine for seizures; muscle relaxants; or anesthetics, including some dental anesthetics. Check with your doctor before taking any of the above while you are using this medicine .

Do not take this medicine within 2 to 3 hours of taking antacids or medicine for diarrhea. Taking these medicines and hydantoin anticonvulsants too close together may make the hydantoins less effective.

Do not change brands or dosage forms of phenytoin without first checking with your doctor. Different products may not work the same way. If you refill your medicine and it looks different, check with your pharmacist.

If you have been taking this medicine regularly for several weeks or more, do not suddenly stop taking it . Your doctor may want you to reduce gradually the amount you are taking before stopping completely.

For diabetic patients:

* This medicine may affect blood sugar levels. If you notice a change in the results of your blood or urine sugar tests or if you have any questions, check with your doctor.

Before you have any medical tests, tell the doctor in charge that you are taking this medicine. The results of some tests (including the dexamethasone, metyrapone, or Schilling tests, and certain thyroid function tests) may be affected by this medicine.

Before having any kind of surgery, dental treatment, or emergency treatment, tell the medical doctor or dentist in charge that you are taking this medicine . Taking hydantoin anticonvulsants together with medicines that are used during surgery or dental or emergency treatments may cause increased side effects.

This medicine may cause some people to become dizzy, lightheaded, drowsy, or less alert than they are normally. After you have taken this medicine for a while, this effect may not be so bothersome. However, make sure you know how you react to this medicine before you drive, use machines, or do anything else that could be dangerous if you are dizzy or are not alert . Oral contraceptives (birth control pills) containing estrogen or progestin, contraceptive progestin injections (e.g., Depo-Provera), and implant contraceptive forms of progestin (e.g., Norplant) may not work properly if you take them while you are taking hydantoin anticonvulsants.



Unplanned pregnancies may occur. You should use a different or additional means of birth control while you are taking hydantoin anticonvulsants. If you have any questions about this, check with your health care professional.

DRUG DESCRIPTION

Hydantoin anticonvulsants (hye-DAN-toyn an-tye-kon-VUL-sants) are used most often to control certain convulsions or seizures in the treatment of epilepsy. Phenytoin also may be used for other conditions as determined by your doctor.

In seizure disorders, these medicines act on the central nervous system (CNS) to reduce the number and severity of seizures. Hydantoin anticonvulsants may also produce some unwanted effects. These depend on the patient's individual condition, the amount of medicine taken, and how long it has been taken.



Thought to regulate neuronal membrane by promoting sodium excretion from neurons. This action prevents hyperexcitability and excessive stimulation, which inhibits spread of seizure activity. Lacks general CNS depressant effect. Used for the control of generalized convulsive status epilepticus and prevention and treatment of seizures occurring during neurosurgery; indicated for short-term parenteral administration when other means of phenytoin administration are unavailable, inappropriate or deemed less advantageous (the safety and effectiveness of fosphenytoin in this use has not been systematically evaluated for more than 5 days)

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The Controlled Substances Act (CSA) was enacted into law by the Congress of the United States as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.[1] The CSA is the federal U.S. drug policy under which the manufacture, importation, possession, use and distribution of certain substances is regulated. The Act also served as the national implementing legislation for the Single Convention on Narcotic Drugs

This document plus the full buyer/ prescribing information, prepared for health professionals can be found at:

<http://www.tajapi.com>

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91 022 30601000.

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