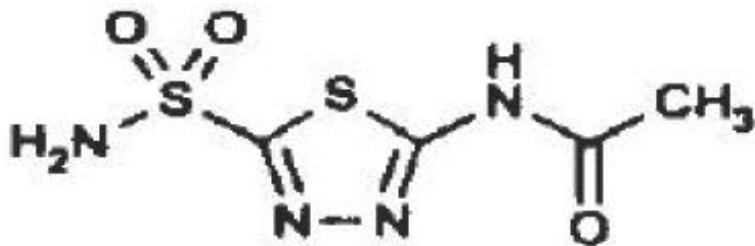


**ACETAZOLAMIDE - acetazolamide tablet**  
**Eywa Pharma Inc**

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**DESCRIPTION**

Acetazolamide, an inhibitor of the enzyme carbonic anhydrase, is a white to faintly yellowish white crystalline, odorless powder, weakly acidic, very slightly soluble in water and slightly soluble in alcohol. The chemical name for acetazolamide is *N*-(5-Sulfamoyl-1,3,4-thiadiazol-2-yl)-acetamide and has the following chemical structure:



Molecular Weight: 222.25

Molecular Formula: C<sub>4</sub>H<sub>6</sub>N<sub>4</sub>O<sub>3</sub>S<sub>2</sub>

Acetazolamide is available as oral tablets containing 125 mg and 250 mg of acetazolamide, respectively, and the following inactive ingredients: dibasic calcium phosphate dihydrate, corn starch, crospovidone, povidone, purified water and magnesium stearate.

**CLINICAL PHARMACOLOGY**

Acetazolamide is a potent carbonic anhydrase inhibitor, effective in the control of fluid secretion (e.g., some types of glaucoma), in the treatment of certain convulsive disorders (e.g., epilepsy), and in the promotion of diuresis in instances of abnormal fluid retention (e.g., cardiac edema).

Acetazolamide is not a mercurial diuretic. Rather, it is a nonbacteriostatic sulfonamide possessing a chemical structure and pharmacological activity distinctly different from the bacteriostatic sulfonamides.

Acetazolamide is an enzyme inhibitor that acts specifically on carbonic anhydrase, the enzyme that catalyzes the reversible reaction involving the hydration of carbon dioxide and the dehydration of carbonic acid. In the eye, this inhibitory action of acetazolamide decreases the secretion of aqueous humor and results in a drop in intraocular pressure, a reaction considered desirable in cases of glaucoma and even in certain nonglaucomatous conditions. Evidence seems to indicate that acetazolamide has utility as an adjuvant in the treatment of certain dysfunctions of the central nervous system (e.g., epilepsy). Inhibition of carbonic anhydrase in this area appears to retard abnormal, paroxysmal, excessive discharge from central nervous system neurons. The diuretic effect of acetazolamide is due to its action in the kidney on the reversible reaction involving hydration of carbon dioxide and dehydration of carbonic acid. The result is renal loss of HCO<sub>3</sub> ion, which carries out sodium, water, and potassium. Alkalinization of the urine and promotion of diuresis are thus affected.

Alteration in ammonia metabolism occurs due to increased reabsorption of ammonia by the renal tubules as a result of urinary alkalisation.

Placebo-controlled clinical trials have shown that prophylactic administration of acetazolamide at a dose of 250 mg every eight hours to 12 hours (or a 500 mg controlled-release capsule once daily) before and during rapid ascent to altitude results in fewer and/or less severe symptoms (such as headache, nausea, shortness of breath, dizziness, drowsiness, and fatigue) of acute mountain sickness (AMS). Pulmonary function (e.g., minute ventilation, expired vital capacity and peak flow) is greater in the acetazolamide treated group, both in subjects with AMS and asymptomatic subjects. The acetazolamide treated climbers also had less difficulty in sleeping.

## **INDICATIONS & USAGE**

For adjunctive treatment of: edema due to congestive heart failure; drug-induced edema; centrencephalic epilepsies (petit mal, unlocalized seizures); chronic simple (open-angle) glaucoma, secondary glaucoma, and preoperatively in acute angle-closure glaucoma where delay of surgery is desired in order to lower intraocular pressure. Acetazolamide Tablets are also indicated for the prevention or amelioration of symptoms associated with acute mountain sickness in climbers attempting rapid ascent and in those who are very susceptible to acute mountain sickness despite gradual ascent.

## **CONTRAINDICATIONS**

Acetazolamide therapy is contraindicated in situations in which sodium and/or potassium blood serum levels are depressed, in cases of marked kidney and liver disease or dysfunction, in suprarenal gland failure, and in hyperchloremic acidosis. It is contraindicated in patients with cirrhosis because of the risk of development of hepatic encephalopathy.

Long-term administration of acetazolamide is contraindicated in patients with chronic non-congestive angle-closure glaucoma since it may permit organic closure of the angle to occur while the worsening glaucoma is masked by lowered intraocular pressure.

## **WARNINGS**

Fatalities have occurred, although rarely, due to severe reactions to sulfonamides including Stevens-Johnson syndrome, toxic epidermal necrolysis, fulminant hepatic necrosis, agranulocytosis, aplastic anemia, and other blood dyscrasias. Sensitizations may recur when a sulfonamide is readministered irrespective of the route of administration. If signs of hypersensitivity or other serious reactions occur, discontinue use of this drug.

Caution is advised for patients receiving concomitant high-dose aspirin and acetazolamide, as anorexia, tachypnea, lethargy, coma and death have been reported.

## **PRECAUTIONS**

### **GENERAL PRECAUTIONS**

Increasing the dose does not increase the diuresis and may increase the incidence of drowsiness and/or paresthesia. Increasing the dose often results in a decrease in diuresis. Under certain circumstances, however, very large doses have been given in conjunction with other diuretics in order to secure diuresis in complete refractory failure.

## **INFORMATION FOR PATIENTS**

Adverse reactions common to all sulfonamide derivatives may occur: anaphylaxis, fever, rash (including erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis), crystalluria, renal calculus, bone marrow depression, thrombocytopenic purpura, hemolytic anemia, leukopenia, pancytopenia and agranulocytosis. Precaution is advised for early detection of such reactions and the drug should be discontinued and appropriate therapy instituted.

In patients with pulmonary obstruction or emphysema where alveolar ventilation may be impaired, acetazolamide, which may precipitate or aggravate acidosis, should be used with caution.

Gradual ascent is desirable to try to avoid acute mountain sickness. If rapid ascent is undertaken and acetazolamide tablets are used, it should be noted that such use does not obviate the need for prompt descent if severe forms of high altitude sickness occur, i.e., high altitude pulmonary edema (HAPE) or high altitude cerebral edema.

Caution is advised for patients receiving concomitant high-dose aspirin and acetazolamide, as anorexia, tachypnea, lethargy, coma and death have been reported (see **WARNINGS**).

## **LABORATORY TESTS**

To monitor for hematologic reactions common to all sulfonamides, it is recommended that a baseline CBC and platelet count be obtained on patients prior to initiating acetazolamide tablet therapy and at regular intervals during therapy. If significant changes occur, early discontinuance and institution of appropriate therapy are important. Periodic monitoring of serum electrolytes is recommended.

## **CARCINOGENESIS & MUTAGENESIS & IMPAIRMENT OF FERTILITY**

Long-term studies in animals to evaluate the carcinogenic potential of acetazolamide have not been conducted. In a bacterial mutagenicity assay, acetazolamide was not mutagenic when evaluated with and without metabolic activation.

The drug had no effect on fertility when administered in the diet to male and female rats at a daily intake of up to 4 times the recommended human dose of 1,000 mg in a 50 kg individual.

## **PREGNANCY**

Teratogenic Effect

*Pregnancy Category C*

Acetazolamide, administered orally or parenterally, has been shown to be teratogenic (defects of the limbs) in mice, rats, hamsters and rabbits. There are no adequate and well-controlled studies in pregnant women. Acetazolamide should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus.

## **NURSING MOTHERS**

Because of the potential for serious adverse reaction in nursing infants from acetazolamide, 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**

The safety and effectiveness of acetazolamide in pediatric patients has not been established.

## **ADVERSE REACTIONS**

Adverse reactions, occurring most often early in therapy, include paresthesias, particularly a "tingling" feeling in the extremities, hearing dysfunction or tinnitus, loss of appetite, taste alteration and gastrointestinal disturbances such as nausea, vomiting and diarrhea, polyuria, and occasional instances of drowsiness and confusion.

Metabolic acidosis and electrolyte imbalance may occur.

Transient myopia has been reported. This condition invariably subsides upon diminution or discontinuance of the medication.

Other occasional adverse reactions include urticaria, melena, hematuria, glycosuria, hepatic insufficiency, flaccid paralysis, photosensitivity and convulsions. Also see **PRECAUTIONS: Information for Patients** for possible reactions common to sulfonamide derivatives. Fatalities have occurred although rarely, due to severe reactions to sulfonamides including Stevens-Johnson syndrome, toxic epidermal necrolysis, fulminant hepatic necrosis, agranulocytosis, aplastic anemia and other blood dyscrasias (see **WARNINGS**).

## **OVERDOSAGE**

No data are available regarding acetazolamide overdosage in humans as no cases of acute poisoning with this drug have been reported. Animal data suggest that acetazolamide is remarkably nontoxic. No specific antidote is known. Treatment should be symptomatic and supportive.

Electrolyte imbalance, development of an acidotic state, and central nervous effects might be expected to occur. Serum electrolyte levels (particularly potassium) and blood pH levels should be monitored.

Supportive measures are required to restore electrolyte and pH balance. The acidotic state can usually be corrected by the administration of bicarbonate.

Despite its high intraerythrocytic distribution and plasma protein binding properties, acetazolamide may be dialyzable. This may be particularly important in the management of acetazolamide overdosage when complicated by the presence of renal failure.

## **DOSAGE & ADMINISTRATION**

### **Glaucoma**

Acetazolamide should be used as an adjunct to the usual therapy. The dosage employed in the treatment of *chronic simple (open-angle) glaucoma* ranges from 250 mg to 1 g of acetazolamide per 24 hours, usually in divided doses for amounts over 250 mg. It has usually been found that a dosage in excess of 1 g per 24 hours does not produce an increased effect. In all cases, the dosage should be adjusted with careful individual attention both to symptomatology and ocular tension. Continuous supervision by a physician is advisable.

In treatment of secondary glaucoma and in the preoperative treatment of some cases of *acute congestive (closed-angle) glaucoma*, the preferred dosage is 250 mg every four hours, although some cases have

responded to 250 mg twice daily on short-term therapy. In some acute cases, it may be more satisfactory to administer an initial dose of 500 mg followed by 125 mg or 250 mg every four hours depending on the individual case. A complementary effect has been noted when acetazolamide has been used in conjunction with miotics or mydriatics as the case demanded.

## **Epilepsy**

It is not clearly known whether the beneficial effects observed in epilepsy are due to direct inhibition of carbonic anhydrase in the central nervous system or whether they are due to the slight degree of acidosis produced by the divided dosage. The best results to date have been seen in petit mal in children. Good results, however, have been seen in patients, both children and adult, in other types of seizures such as grand mal, mixed seizure patterns, myoclonic jerk patterns, etc. The suggested total daily dose is 8 mg to 30 mg per kg in divided doses. Although some patients respond to a low dose, the optimum range appears to be from 375 mg to 1,000 mg daily. However, some investigators feel that daily doses in excess of 1 g do not produce any better results than a 1 g dose. When acetazolamide tablets are given in combination with other anticonvulsants, it is suggested that the starting dose should be 250 mg once daily in addition to the existing medications. This can be increased to levels as indicated above.

The change from other medications to acetazolamide should be gradual and in accordance with usual practice in epilepsy therapy.

## **Congestive Heart Failure**

For diuresis in congestive heart failure, the starting dose is usually 250 mg to 375 mg once daily in the morning (5 mg/kg). If, after an initial response, the patient fails to continue to lose edema fluid, do not increase the dose but allow for kidney recovery by skipping medication for a day.

Acetazolamide tablets yield best diuretic results when given on alternate days, or for two days alternating with a day of rest.

Failures in therapy may be due to overdosage or too frequent dosage. The use of acetazolamide does not eliminate the need for other therapy such as digitalis, bed rest, and salt restriction.

## **Drug-Induced Edema**

Recommended dosage is 250 mg to 375 mg of acetazolamide once a day for one or two days, alternating with a day of rest.

## **Acute Mountain Sickness**

Dosage is 500 mg to 1,000 mg daily, in divided doses. In circumstances of rapid ascent, such as in rescue or military operations, the higher dose level of 1,000 mg is recommended. It is preferable to initiate dosing 24 hours to 48 hours before ascent and to continue for 48 hours while at high altitude, or longer as necessary to control symptoms.

Note: The dosage recommendations for glaucoma and epilepsy differ considerably from those for congestive heart failure, since the first two conditions are not dependent upon carbonic anhydrase

inhibition in the kidney which requires intermittent dosage if it is to recover from the inhibitory effect of the therapeutic agent.

## **HOW SUPPLIED**

Acetazolamide Tablets USP are supplied as follows:

125 mg – White to off-white, round flat faced beveled edge tablets debossed with E and 1 on one side and scored in half on the other side.

NDC 71930-008-12 - Bottle of 100

250 mg – White to off-white, round, standard convex tablets debossed with E and 2 on one side and scored in quarters on the other side.

NDC 71930-009-12 - Bottle of 100

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

Dist. by: Eywa Pharma Inc., 2 Research Way, 3<sup>rd</sup> Floor, Princeton, NJ 08540

Made in UAE.

Revised: June, 2018

## **PRINCIPAL DISPLAY PANEL**

125 mg Tablet Bottle Label

NDC 71930-008-12

AcetaZOLAMIDE  
Tablets USP,  
125 mg

Rx only

100 Tablets eywa pharma

**NDC 71930-008-12**

Each tablet contains:  
Acetazolamide, USP...125 mg

**USUAL DOSAGE:** See package insert for full prescribing information.

Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]

Dispense in tight containers as defined in the USP.

**KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN**

Distributed by:  
**Eywa Pharma Inc.**,  
2 Research Way,  
Floor 3,  
Princeton, NJ 08540

Made in UAE

Rev. 07/2019

140000622



**acetaZOLAMIDE  
Tablets, USP**

**125 mg**

Rx only

100 Tablets

**eywa**  
pharma

**PRINCIPAL DISPLAY PANEL**

250 mg Tablet Bottle Label

NDC 71930-009-12

AcetaZOLAMIDE  
Tablets USP,  
250 mg

Rx only

100 Tablets eywa pharma

**NDC 71930-009-12**

Each tablet contains:  
Acetazolamide, USP...250 mg

**USUAL DOSAGE:** See package insert for full prescribing information.

Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]

Dispense in tight containers as defined in the USP.

**KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN**

Distributed by:  
**Eywa Pharma Inc.**,  
2 Research Way,  
Floor 3,  
Princeton, NJ 08540

Made in UAE

Rev. 07/2019

140000623



**acetaZOLAMIDE  
Tablets, USP**

**250 mg**

Rx only

100 Tablets

**eywa**  
pharma

## ACETAZOLAMIDE

acetazolamide tablet

### Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:71930-008
Route of Administration	ORAL		

### Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
ACETAZOLAMIDE (UNII: O3FX965V01) (ACETAZOLAMIDE - UNII:O3FX965V01)	ACETAZOLAMIDE	125 mg

### Inactive Ingredients

Ingredient Name	Strength
DIBASIC CALCIUM PHOSPHATE DIHYDRATE (UNII: O7TSZ97GEP)	
STARCH, CORN (UNII: O8232NY3SJ)	
CROSPVIDONE (UNII: 68401960MK)	
POVIDONE (UNII: FZ989GH94E)	
MAGNESIUM STEARATE (UNII: 70097M6I30)	

### Product Characteristics

Color	WHITE (white to off-white)	Score	2 pieces
Shape	ROUND	Size	9mm
Flavor		Imprint Code	E;1
Contains			

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:71930-008-12	100 in 1 BOTTLE; Type 0: Not a Combination Product	01/30/2020	

### Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA211556	01/30/2020	

## ACETAZOLAMIDE

acetazolamide tablet

### Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:71930-009
Route of Administration	ORAL		



**Active Ingredient/Active Moiety**

Ingredient Name	Basis of Strength	Strength
ACETAZOLAMIDE (UNII: O3FX965V0I) (ACETAZOLAMIDE - UNII:O3FX965V0I)	ACETAZOLAMIDE	250 mg

**Inactive Ingredients**

Ingredient Name	Strength
DIBASIC CALCIUM PHOSPHATE DIHYDRATE (UNII: O7TSZ97GEP)	
STARCH, CORN (UNII: O8232NY3SJ)	
CROSPVIDONE (UNII: 68401960MK)	
POVIDONE (UNII: FZ989GH94E)	
MAGNESIUM STEARATE (UNII: 70097M6I30)	

**Product Characteristics**

Color	WHITE (white to off-white)	Score	4 pieces
Shape	ROUND	Size	11mm
Flavor		Imprint Code	E;2
Contains			

**Packaging**

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:71930-009-12	100 in 1 BOTTLE; Type 0: Not a Combination Product	01/30/2020	

**Marketing Information**

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA211556	01/30/2020	

**Labeler** - Eywa Pharma Inc (080465609)