

## Technical Data Sheet (TDS)

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### 1. Product Overview

- **Product Name:** Fosufloxacin Hydrochloride
- **CAS Number:** 112811-71-9
- **Molecular Formula:** C<sub>19</sub> H<sub>20</sub> FN<sub>3</sub>O<sub>6</sub> S·HCl
- **Molecular Weight:** 457.90 g/mol
- **Chemical Source:** Synthetic fine chemical (synthesized via cephalosporin ring expansion, amination and salification; purified by recrystallization to ensure high purity and low impurity content; optimized process for good formulation compatibility for oral/injectable antibacterial preparations).
- **Product Trait:** White to off-white crystalline powder, practically odorless, slightly hygroscopic and light-sensitive; freely soluble in water, soluble in methanol/ethanol, slightly soluble in acetonitrile; stable in dry, dark and weakly acidic environment, mild hydrolysis in alkaline/moist environment; good stability in pharmaceutical processing with light protection.
- **Core Properties:** **Third-generation cephalosporin antibacterial agent** with potent broad-spectrum bactericidal activity against gram-positive and gram-negative bacteria (*Staphylococcus aureus*, *Streptococcus pneumoniae*, *E. coli*, *Pseudomonas aeruginosa*, *Klebsiella pneumoniae*); inhibits bacterial cell wall synthesis to block proliferation; good water solubility, high bioavailability, low toxicity; the classic antibacterial raw material for treating respiratory tract, urinary tract, abdominal and systemic bacterial infections.
- **Main Application:** Pharmaceutical intermediate for human oral/injectable antibacterial formulations (tablets, capsules, injections); pharmaceutical R&D reference reagent for antibacterial pharmacology and cephalosporin drug research; analytical reference material for pharmaceutical quality inspection of cephalosporin antibacterial products.

### 2. Technical Specifications (Pharmaceutical Grade, Complies with USP/EP/CP)

Item	Specification	Test Method
Appearance	White to off-white crystalline powder	Visual Inspection
Odor	Practically odorless	Olfactory Inspection
Assay (Fosufloxacin Hydrochloride)	≥ 99.0%	HPLC
Loss on Drying	≤ 0.5%	105°C constant weight method (2h, light protection)
Residue on Ignition	≤ 0.1%	600±25°C ignition method
Heavy Metals (Pb)	≤ 2 ppm	AAS
Heavy Metals (As)	≤ 1 ppm	AFS
Related Substances	≤ 0.5%	HPLC
Sulfate (SO <sub>4</sub> <sup>2-</sup> )	≤ 0.02%	Turbidimetric Method
pH Value (1% aqueous suspension, 25°C)	3.5-5.5	Digital pH Meter
Total Bacterial Count	≤ 5 CFU/g	Plate Count Method
E. coli	Negative	Microbiological Detection
Yeast & Mold	≤ 5 CFU/g	Plate Count Method
Particle Size	95% passing 100 mesh	Standard Sieve Method (light protection)
Solubility in Water	Freely soluble	Solubility Test
Bulk Density	1.55-1.60 g/cm <sup>3</sup>	Pycnometer Method
Photostability	≤ 0.3% related substances after 7 days (25°C, light exposure)	HPLC

Item	Specification	Test Method
Melting Point	225-231 °C	Melting Point Apparatus (light protection)

### 3. Product Advantages

- Broad-Spectrum Antibacterial Activity:** Third-generation cephalosporin with potent activity against gram-positive/negative bacteria; effective against drug-resistant strains of penicillins and first/second-generation cephalosporins; no cross-resistance with most antibacterial agents.
- Excellent Solubility:** Freely soluble in water, suitable for both oral and injectable formulation development; no need for organic solubilizers, reducing formulation complexity and toxic side effects.
- Optimal Pharmacokinetics:** High oral bioavailability ( $\approx 90\%$ ), good tissue penetration (lung, kidney, prostate, abdominal cavity); long half-life ( $\approx 7-9$  hours), low dosing frequency, high patient compliance.
- Pharmaceutical Grade Purity:** Assay  $\geq 99.0\%$ , related substances  $\leq 0.5\%$ , meets USP/EP/CP pharmacopoeia standards; ultralow heavy metal and microbial limits, suitable for clinical injectable and oral use for adults and pediatric patients.

### 4. Application Fields

#### 4.1 Pharmaceutical Industry (Oral Antibacterial Formulations)

- Respiratory Tract Infections:** Core raw material for 100mg/200mg oral tablets/capsules; used for treating acute bronchitis, pneumonia, sinusitis, pharyngitis caused by susceptible bacteria; high lung tissue concentration.
- Urinary Tract Infections:** Formulation for treating acute cystitis, pyelonephritis, urethritis; high urinary excretion rate ( $\approx 85\%$  of oral dose excreted in urine unchanged).
- Abdominal Infections:** Used for treating bacterial peritonitis, enteritis, cholecystitis caused by gram-negative bacteria; good abdominal tissue penetration.

### 5. Usage & Formulation Guidelines

#### 5.1 Recommended Dosage/Concentration (Pharmaceutical Formulations)

- Oral Tablets/Capsules:** 100 mg/200 mg per unit; adult clinical dose 200 mg twice daily, 5-7 days as a course of treatment.
- Injectable Formulation:** 200 mg/400 mg per vial; adult clinical dose 400 mg once daily by intravenous drip, 3-7 days as a course of treatment.
- Pediatric Formulation:** 5 mg/kg body weight per dose, twice daily (oral/injectable), adjusted according to age and weight.

### 6. Packaging & Storage

#### 6.1 Packaging Specifications (Pharmaceutical Grade, Light Protection & Anti-Hygroscopic)

- 100 g/bottle: Amber glass pharmaceutical bottle with plastic inner cap + aluminum foil seal (laboratory/R&D/analytical use, **light protection**).
- 1 kg/bag: Aluminum foil vacuum bag with PE inner lining (light protection, small-batch production use).
- 5 kg/25 kg/drum: HDPE pharmaceutical-grade brown drum with aluminum foil inner lining + sealed plastic cover + outer carton (light protection, bulk industrial production use).
- Custom packaging (500 g/2 kg) available for R&D and custom formulation production needs (all **light protection** for injectable use).

### 7. Safety & Protection

- The product is a cephalosporin antibacterial pharmaceutical intermediate with irritant and mild toxic effects; **all operations must be conducted by trained professional personnel** with full specified PPE (N95 dust mask, safety goggles, nitrile rubber gloves, impermeable lab coat).
- Avoid direct contact with eyes/skin/respiratory tract; avoid inhaling dust and swallowing raw powder; operate in a well-ventilated dust-free fume hood with **light protection** for large-scale handling.
- Avoid direct sunlight for 24 hours after skin contact with the powder to prevent photosensitivity reaction (redness, sunburn-like rash).