

# Flucytosine

## Catalog No: tcsc1935



### Available Sizes

**Size:** 1g

**Size:** 5g



### Specifications

**CAS No:**

2022-85-7

**Formula:**

$C_4H_4FN_3O$

**Pathway:**

Anti-infection

**Target:**

Fungal

**Purity / Grade:**

>98%

**Solubility:**

DMSO : 16.67 mg/mL (129.13 mM; Need ultrasonic); H2O : 6.67 mg/mL (51.67 mM; Need ultrasonic)

**Alternative Names:**

5-Fluorocytosine;NSC 103805;Ro 2-9915

**Observed Molecular Weight:**

129.09

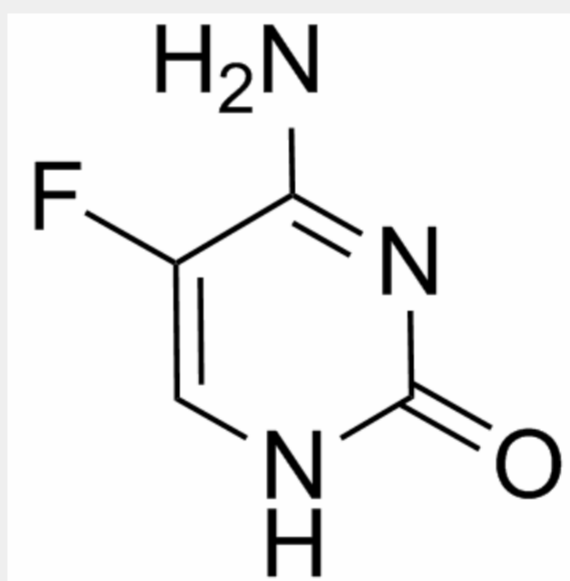
## Product Description

Flucytosine (5-Fluorocytosine, 5-FC, Ancobon), a fluorinated pyrimidine analogue, is an antifungal drug.

Target: antifungal

Flucytosine, or 5-fluorocytosine, a fluorinated pyrimidine analogue, is a synthetic antimycotic drug. It is structurally related to the cytostatic fluorouracil and to floxuridine. It is available in oral and in some countries also in injectable form. A common brand name is Ancobon. Flucytosine was first synthesized in 1957 but its antifungal properties were discovered in 1964. The drug is dispensed in capsules of 250 mg and 500 mg strength. The injectable form is diluted in 250 mL saline solution to contain 2.5 g total (10 mg/mL). The solution is physically incompatible with other drugs including amphotericin B.

Flucytosine is well absorbed (75 to 90%) from the gastrointestinal tract. Intake with meals slows the absorption, but does not decrease the amount absorbed. Following an oral dose of 2 grams peak serum levels are reached after approximately 6 hours. The time to peak level decreases with continued therapy. After 4 days peak levels are measured after 2 hours. The drug is eliminated renally. In normal patients flucytosine has reportedly a half-life of 2.5 to 6 hours. In patients with impaired renal function higher serum levels are seen and the drug tends to cumulate in these patients. The drug is mainly excreted unchanged in the urine (90% of an oral dose) and only traces are metabolized and excreted in the feces. Therapeutic serum levels range from 25 to 100 g/ml. Serum levels in excess of 100 ug are associated with a higher incidence of side effects. Periodic measurements of serum levels are recommended for all patients and are a must in patients with renal damage.



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