

For Compliance with OSHA 29 CFR 1910.1200 and ANSI Z400.1-1998

# Section 1: Identification

Product Name Nortriptyline Hydrochloride USP

Commercial Name Not available.

Product Use Active pharmaceutical ingredient (used to prepare antidepressant

Restrictions On Use Not available

Product Code 30-2175

Company PCCA In case of emergency contact:

9901 South Wilcrest Houston, TX 77099 Phone: 1-800-331-2498 Fax: 1-800-874-5760 CHEMTREC (24hr) 1-800-424-9300

### Section 2: Hazard(s) Identification

OSHA Haz Com: Acute Toxcity, oral Category 4 Specific target organ toxicity, single exposure Category 1 (nervous system)

CFR 1910.1200

Signal Word DANGER

Hazard Statement(s) Harmful if swallowed. Causes damage to organs (nervous system).

Pictogram(s) or Symbol(s)



### Precautionary Statement(s):

**Prevention** Do not breathe dust. Wash thoroughly after handling

**Response** If swallowed: Call a poison center/doctor if you feel unwell. Rinse mouth. If exposed: Call a poison

center/doctor.

Storage Store locked up

Disposal Dispose of contents/container in accordance with local/regional/national/international regulations.

### Section 3: Composition/Information on Ingredients

Substance/Mixture Substance

Components Nortriptyline Hydrochloride USP

 % By Weight
 100

 CAS#
 894-71-3

 Molecular Weight
 299.69

 Chemical Formula
 C19H21N . HCI

Synonym(s) -Propanamine, 3-(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5-ylidene)-N-methyl-

**Mixtures** 

NameCAS#% by WeightTLV/PELLC50/LD50Nortriptyline Hydrochloride USP894-71-3100

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### Section 4: First-Aid Measures

**Inhalation** Move to fresh air. Call a physician if symptoms develop or persist.

**Skin Contact** Rinse skin with water/shower. Get medical attention if irritation develops and persists.

**Eye Contact** Rinse with water. Get medical attention if irritation develops and persists.

Ingestion Rinse mouth. If ingestion of a large amount does occur, call a poison control center immediately. Do not

induce vomiting without advice from poison control center. If vomiting occurs, keep head low so that

stomach content doesn't get into the lungs.

Symptoms/Effects

Acute Central nervous system effects. Pharmacologically active material. Occupational exposure may cause

physiological effects.

Delayed Central nervous system effects. Pharmacologically active material. Occupational exposure may cause

physiological effects.

### **Immediate Medical Attention**

Provide general supportive measures and treat symptomatically. Treatment of tricyclic antidepressant overdose may include the following: Do NOT induce vomiting due to occurrence of rapid neurologic and hemodynamic deterioration. Administer activated charcoal as a slurry. Perform gastric gavage soon after ingestion (within one hour). Protect airway by placement in Trendelenburg and left lateral decubitus position or by endotracheal intubation. Control any seizures first. Monitor vital signs, cardiac rhythm, serial ECGs, and mental status for six hours after overdose. Patients with significant symptoms or mild persistent sinus tachycardia or lethargy should be monitored in ICU until mental status and ECG are normal. Perform early intubation and ventilation for patients with mental status changes or QRS widening. For QRS prolongation and ventricular dysrhythmias, treat initially with alkalinization of the blood. Intravenous sodium bicarbonate is the first line therapy. Intubation and hyperventilation may be used as an adjunct to sodium bicarbonate to achieve serum alkalinization, with careful monitoring of blood gases to avoid profound alkalemia. For patients with QRS prolongation, early intubation is advised. For dysrhythmias unresponsive to alkalinization therapy, consider magnesium, beta1-sympathomimetics, or overdrive pacing. Lidocaine may also be used. Do NOT treat with disopyramide, quinidine, or procainamide. For hypotension, treat aggressively with isotonic fluids. If hypotension persists, administer dopamine or norepinephrine. For seizures, treat aggressively with intravenous diazepam or lorazepam. If seizures recur, consider phenobarbital. Monitor for hypotension, dysrhythmias, respiratory depression, and need for endotracheal intubation. Evaluate for hypoglycemia, electrolyte disturbances, and hypoxia. For refractory seizures, treat with continuous infusion of midazolam, propofol, and/or pentobarbital.

# Section 5: Fire-Fighting Measures

### Suitable Extinguishing Media

Water. Foam. Dry chemical or CO2. Use fire-extinguishing media appropriate for surrounding materials.

### **Unsuitable Extinguishing Media**

Not available

### **Products of Combustion**

No unusual fire or explosion hazards noted.

# **Firefighters Special Equipment and Precautions**

Wear suitable protective equipment. Use water spray to cool unopened containers. As with all fires, evacuate personnel to a safe area. Firefighters should use self-contained breathing equipment and protective clothing. Use standard firefighting procedures and consider the hazards of other involved materials.

#### Section 6: Accidental Release Measures

Keep unnecessary personnel away. Wear appropriate personal protective equipment. Avoid inhalation of dust from the spilled material. Do not touch damaged containers or spilled material unless wearing appropriate protective clothing. Ensure adequate ventilation. For personal protection, see section 8 of the SDS. Methods and materials for containment and cleaning up: For waste disposal, see section 13 of the SDS. Avoid the generation of dusts during clean-up. Sweep up or vacuum up spillage and collect in suitable container for disposal. Clean surface thoroughly to remove residual contamination. Environmental precautions: Avoid discharge into drains, water courses or onto the ground.

### Section 7: Handling and Storage

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Handling: As a general rule, when handling USP Reference Standards, avoid all contact and inhalation of dust, mists, and/or vapors associated with the material. Clean equipment and work surfaces with suitable detergent or solvent after use. After removing gloves, wash hands and other exposed skin thoroughly. Select and use containment devices and personal protective equipment based on a risk assessment of material potency and exposure potential. Storage: Store in tight container as defined in the USP-NF. This material should be handled and stored per label instructions to ensure product integrity.

### Section 8: Exposure Controls/Personal Protection

Exposure Limits
Engineering Controls

TWA 0.02 mg/m3 12 hour

For laboratory operations, use local exhaust ventilation or a ventilated enclosure for high energy operations such as particle sizing. Control exposures to below the occupational exposure level (if available). Select and use containment devices and personal protective equipment based on a risk assessment of exposure potential. Cover all containers for solutions and slurries while being transferred.

**Personal Protection** 

Eye/face protection: Wear safety glasses with side shields, chemical splash goggles, or full face shield, if necessary. Base the choice of protection on the job activity and potential for contact with eyes or face. An emergency eye wash station should be available. Skin protection Hand protection: Wear nitrile or other impervious gloves if skin contact is possible. When the material is dissolved or suspended in an organic solvent, wear gloves that provide protection against the solvent. Other: Train employees in proper gowning and degowning practices. Wear lab coat. Base the choice of skin protection on the job activity, potential for skin contact and solvents and reagents in use. Do not wear protective garments in common areas (e.g., cafeterias) or out-of-doors. Respiratory protection: Respirators are generally not required for laboratory operations. Use a tight-fitting full-face respirator with HEPA filters for spill cleanup. Chose respiratory protection appropriate to the task and the level of existing engineering controls. Thermal hazards: Wear appropriate thermal protective clothing, when necessary. General hygiene considerations: Handling practices in this SDS are recommendations for laboratory use of reference standards. Procedures for any other uses or quantities should be determined after an appropriate assessment.

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### Section 9: Physical and Chemical Properties

**Appearance** White or off-white powder. Solid.

Odor characteristic
Odor Threshold Not available

Melting Point 415.4 - 419 °F (213 - 215 °C) pH in aqueous solution 5 Solution: 1%

Freezing Point Not available Vapor Pressure < 0.0000001 kPa at 25 °C

Boiling Point/RangeNot available.Vapor DensityNot available.Decomposition temperatureNot availableViscosityNot available.Partition Coefficient:1.80Evaporation RateNot available

n-octanol/water

Flash Point Not available. Autoignition temperature Not available

Flammability Not available Flammability or Explosive Limits:

Lower Not available

Upper Not available

Solubility(ies) Soluable in water.

Other Methanol: Sparingly soluble. Ether: Practically insoluble. Benzene: Practically insoluble. Organic

solvents: Practically insoluble. Chloroform: Soluble. Chemical family Dibenzo-cycloheptane derivative.

Molecular formula C19H21N . HCl Molecular weight 299.84

Section 10: Stability and Reactivity

Reactivity The product is stable and non-reactive under normal conditions of use, storage and

transport.

Chemical Stability Material is stable under normal conditions.

Hazardous Polymerization No dangerous reaction known under conditions of normal use

Conditions to Avoid Contact with incompatible materials

Incompatible Materials Strong oxidizing agents.

Hazardous Decomposition Products Irritating and/or toxic fumes or gases. Emits toxic fumes under fire conditions. NOx.

HCI.

# Section 11: Toxicological Information

RTECS HP0175000

**Acute Toxicity** 

Oral: LD50 Mouse 260 mg/kg, Rat 405 mg/kg

Skin Corrosion/Irritation

Not available

Serious Eye Damage/Irritation

Not available

Respiratory or Skin Sensitization

Not available

**Germ Cell Mutagenicity** 

None

Carcinogenicity

None

# Reproductive Toxicity

For tricyclic antidepressants: Withdrawal symptoms such as colic, cyanosis, rapid breathing, and rritability have been observed in infants whose mothers received tricyclic antidepressants prior to delivery.

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### **Routes of Entry**

Ingestion.

### Symptoms Related to Exposure

Tricyclic antidepressants: Dizziness. Drowsiness. Stupor. Restlessness. Vomiting. Troubled breathing. Tiredness. Enlarged pupils. Fever. Headache. Dry mouth. Weakness. Increased appetite. Diarrhea. Excessive sweating. Heartburn. Blurred vision. Eye pain. Confusion. Hallucinations. Difficult urination. Difficulty speaking or swallowing. Nervousness. Loss of balance. Convulsions

### **Potential Health Effects**

Causes damage to organs (nervous system).

Target Organ(s) Causes damage to organs (nervous system).

### Section 12: Ecological Information

## **Ecotoxicity**

The product is not classified as environmentally hazardous. However, this does not exclude the possibility that large or frequent spills can have a harmful or damaging effect on the environment.

# Persistance and Degradability

Not available

### **Bioaccumulative Potential**

Not available

# **Mobility in Soil**

Not available.

### **Other Adverse Effects**

Not available

### Section 13: Disposal Considerations

### **Waste Disposal**

Dispose in accordance with all applicable regulations. Under RCRA, it is the responsibility of the user of the product to determine, at the time of disposal, whether the product meets RCRA criteria for hazardous waste. The waste code should be assigned in discussion between the user, the producer and the waste disposal company. Empty containers or liners may retain some product residues. This material and its container must be disposed of in a safe manner (see: Disposal instructions).

### **Disposal of Container**

Since emptied containers may retain product residue, follow label warnings even after container is emptied.

### **Other Considerations**

Not available

### Section 14: Transport Information

# DOT Classification

Not a DOT controlled material (United States). This material is not classified dangerous good according to international transportation regulations (ADR/RID-IMDG-ICAO/IATA).

### Section 15: Regulatory Information

#### Regulations

US federal regulations: This product is a "Hazardous Chemical" as defined by the OSHA Hazard Communication Standard, 29 CFR 1910.1200. TSCA Section 12(b) Export Notification (40 CFR 707, Subpt. D) Not regulated. CERCLA Hazardous Substance List (40 CFR 302.4) Not listed. SARA 304 Emergency release notification Not regulated. OSHA Specifically Regulated Substances (29 CFR 1910.1001-1050) Not regulated. Superfund Amendments and Reauthorization Act of 1986 (SARA) Immediate Hazard - Yes Delayed Hazard - No Fire Hazard - No Pressure Hazard - No Reactivity Hazard - No Hazard categories SARA 302 Extremely hazardous substance Not listed. YesSARA 311/312 Hazardous chemical SARA 313 (TRI reporting) Not regulated. Other federal regulations Clean Air Act (CAA) Section 112 Hazardous Air Pollutants (HAPs) List Not regulated. Clean Air Act (CAA) Section 112(r) Accidental Release Prevention (40 CFR 68.130) Not regulated. Not regulated. Safe Drinking Water Act (SDWA) California Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65): This material is not known to contain any chemicals currently listed as carcinogens or reproductive toxins.

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Other

Not available.

Section 16: Other Information

Not available.

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