Papaverine hydrochloride

sc-202273

Material Safety Data Sheet

Hazard Alert Code Key:  EXTREME  HIGH  MODERATE  LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
Papaverine hydrochloride

STATEMENT OF HAZARDOUS NATURE

NFPA

SYNONYMS

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

<table>
<thead>
<tr>
<th></th>
<th>Min</th>
<th>Max</th>
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</thead>
<tbody>
<tr>
<td>Flammability</td>
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<tr>
<td>Toxicity</td>
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<tr>
<td>Body Contact</td>
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<td>Reactivity</td>
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<td></td>
</tr>
<tr>
<td>Chronic</td>
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</table>

CANADIAN WHMIS SYMBOLS

1 of 11
EMERGENCY OVERVIEW
RISK
Toxic if swallowed.
Irritating to eyes, respiratory system and skin.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED
- Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.
- Large doses of calcium channel blocking agents may produce nausea, weakness, dizziness, drowsiness, confusion, slurred speech, a decrease in blood pressure along with reduced cardiac output; death may ensue.
- Adverse reactions with PDE5 inhibitors seem to be dose related. The most common is headache (occurring in over a tenth of patients); other common side-effects include dizziness, flushing, indigestion, nasal congestion or inflammation of the nose. Muscle aches and back pain may also occur; they usually occur 12-24 hours after taking the drugs and disappear within 48 hours. PDE5 inhibitors are used in the treatment of impotence but they have no effect in the absence of sexual stimulation. Other symptoms may include ringing in the ears, a spinning sensation, and dizziness.

As PDE5 inhibitors can cause a temporary drop in blood pressure, organic nitrates and nitrites should not be taken for at least 48 hours after the last dose of PDE5 inhibitor. Since people who have taken PDE5 inhibitors within the past 48 hours may not take nitrates to relieve angina, they should seek medical help immediately if they experience angina-like chest pain. In the event of a medical emergency, medical staff and paramedics should be told of any recent doses of the drug.

PDE5 inhibitors may damage the optic nerve; in those cases, most patients had underlying risk factors low cup to disc ratio "crowded disc", age over 50, diabetes, high blood pressure, coronary artery disease, high blood lipids and smoking. Hearing loss, often permanent, may occur.

Patients with high blood pressure in the pulmonary arteries may benefit from this group of drug as it dilates these arteries. PDE5 inhibitors are mostly metabolised by the cytochrome P450 enzyme CYP3A4 and the potential for drug interactions exists with other drugs which inhibit or induce CYP3A4, including HIV protease inhibitors, ketoconazole, itraconazole, and other drugs which reduce blood pressure.

- Side effects of using papaverine may include gastrointestinal disturbance, drowsiness, headache, flushing of the face, skin rash and a spinning sensation. Jaundice and increased eosinophils have also been reported, and this may be due to hypersensitivity.

EYE
- This material can cause eye irritation and damage in some persons.

SKIN
- This material can cause inflammation of the skin on contact in some persons.
- The material may accentuate any pre-existing dermatitis condition.
- Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED
- The material can cause respiratory irritation in some persons. The body’s response to such irritation can cause further lung damage.
- Inhalation of dusts, generated by the material during the course of normal handling, may produce serious damage to the health of the individual.
- Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

CHRONIC HEALTH EFFECTS
- Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.
- Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.
- Calcium channel blocking agents can cause irregular heart beat, high blood pressure, vomiting, diarrhoea, headache, dermatitis, acne, itching and blood disorders such as anaemia and loss of platelets. Widespread blood swellings and blood clots may occur.
- Exposure to small quantities may induce hypersensitivity reactions characterised by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic oedema), running nose (rhinitis) and blurred vision. Anaphylactic shock and skin rash (non-thrombocytopenic purpura) may occur. An individual may be predisposed to such anti-body mediated reaction if other chemical agents have caused prior sensitization (cross-sensitivity).
Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

<table>
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<tr>
<th>NAME</th>
<th>CAS RN</th>
<th>%</th>
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<tbody>
<tr>
<td>papaverine hydrochloride</td>
<td>61-25-6</td>
<td>99</td>
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Section 4 - FIRST AID MEASURES

SWALLOWED
- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- For advice, contact a Poisons Information Centre or a doctor.
- Urgent hospital treatment is likely to be needed.
- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS. Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise
- INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
NOTE Wear a protective glove when inducing vomiting by mechanical means.

EYE
If this product comes in contact with the eyes
- Immediately hold eyelids apart and flush the eye continuously with running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- Transport to hospital or doctor without delay.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN
If skin contact occurs
- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

INHALED
- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

NOTES TO PHYSICIAN
- Treat symptomatically.
The highly lipophilic characteristics, high protein binding and extensive volume of distribution of calcium channel blockers makes haemodialysis, diuresis, and haemoperfusion impractical. Calcium gluconate has been used successfully to reverse hypotension. In dog models relatively small amounts of calcium reverse negative inotropic effects, even when exacerbated by propranolol.
For significant overdose of calcium channel blockers
- patients should receive cardiac monitoring for 4-6 hours and an electrocardiogram (ECG).
- patients with conduction effects or signs of myocardial depression should be admitted to a monitored bed.
- Asymptomatic patients may then be discharged after appropriate counselling.
- The usual therapeutic measures for hypotension and bradycardia (atropine, isoproterenol, pacings) are appropriate together with calcium infusions.
- Other calcium channel blockers, digoxin, beta-blockers and Class I drugs should be avoided.
Ellenhorn, M.J., and Barceloux D.G.; Medical Toxicology - Diagnosis and Treatment of Human Poisoning. 1988.
Biological half-life is reported to be between one and two hours. Most of the dose is excreted in the urine almost entirely as demethylated glucuronide-conjugated phenolic metabolites, mostly the 4'-hydroxy-papaverine glucuronide

Section 5 - FIRE FIGHTING MEASURES
Vapor Pressure (mmHG) Not applicable
Upper Explosive Limit (%) Not available
Specific Gravity (water=1) Not available
Lower Explosive Limit (%) Not available

EXTINGUISHING MEDIA
- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 800 metres in all directions.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS
- Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds.; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.
- In the same way as gases and vapors, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC)
- A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.
- Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.
- All movable parts coming in contact with this material should have a speed of less than 1-meter/sec
- A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source
- One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapors).
- Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.
- Combustion products include carbon monoxide (CO), carbon dioxide (CO2), hydrogen chloride, phosgene, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.
- May emit poisonous fumes.

FIRE INCOMPATIBILITY
- Avoid contamination with oxidizing agents i.e. nitrates, oxidizing acids, chlorine bleaches, pool chlorine etc. as ignition may result

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS
- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
Use dry clean up procedures and avoid generating dust.
Vacuum up or sweep up. NOTE Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
Dampen with water to prevent dusting before sweeping.
Place in suitable containers for disposal.

MAJOR SPILLS
- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue (see Section 13 for specific agent).
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.
- DO NOT cut, drill, grind or weld such containers.
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorization or permit.

RECOMMENDED STORAGE METHODS
- Glass container is suitable for laboratory quantities
- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.
For low viscosity materials
- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.
For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.)
- Removable head packaging;
- Cans with friction closures and
- low pressure tubes and cartridges
may be used.
- Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages *.
- In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage *.
* unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

All inner and sole packagings for substances that have been assigned to Packaging Groups I or II on the basis of inhalation toxicity criteria, must be hermetically sealed.

**STORAGE REQUIREMENTS**

NOTE Special security requirements may be mandated under Federal/State Regulation(s).

- Store in original containers.
- Store in vault fitted with warning devices or detectors recommended by various Federal/State authorities.
- Store in vault used only for the purpose of storage of drugs of addiction.
- Vault must be locked at all times except when the materials stored therein are required.
- Keep storage area free from debris, wastes and combustibles.
- Keep dry.
- Keep containers securely sealed.
- Protect containers against physical damage.
- Check regularly for spills and leaks.

**NOTE** Store in the dark.

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**Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION**

**EXPOSURE CONTROLS**

The following materials had no OELs on our records

- papaverine hydrochloride CAS61-25-6

**PERSONAL PROTECTION**

**RESPIRATOR**

- Particulate. (AS/NZS 1716 & 1715, EN 1432000 & 1492001, ANSI Z88 or national equivalent)

**EYE**

- Chemical protective goggles with full seal
- Shielded mask (gas-type)
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

**HANDS/FEET**

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

- Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Change gloves frequently and when contaminated, punctured or torn.
- Wash hands immediately after removing gloves.
● Protective shoe covers. [AS/NZS 2210]
● Head covering.

OTHER
● For quantities up to 500 grams a laboratory coat may be suitable.
● For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
● For quantities over 1 kilogram and manufacturing operations, wear disposable coveralls of low permeability and disposable shoe covers.
● For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.
● Eye wash unit.
● Ensure there is ready access to an emergency shower.
● For Emergencies Vinyl suit

ENGINEERING CONTROLS
■ For potent pharmacological agents
Powders
To prevent contamination and overexposure, no open handling of powder should be allowed.
● Powder handling operations are to be done in a powder weighing hood, a glove box, or other equivalent ventilated containment system.
● In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used.
● Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs.
● An air-purifying respirator should be worn by all personnel in the immediate area in cases where non-ventilated containment is used, where significant amounts of material (e.g., more than 2 grams) are used, or where the material may become airborne (as through grinding, etc.).
● Powder should be put into solution or a closed or covered container after handling.
● If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.

Solutions Handling
● Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area.
● Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation.
● In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.
● Ensure gloves are protective against solvents in use.

Unless written procedures, specific to the workplace are available, the following is intended as a guide
● For Laboratory-scale handling of Substances assessed to be toxic by inhalation. Quantities of up to 25 grams may be handled in Class II biological safety cabinets*; Quantities of 25 grams to 1 kilogram may be handled in Class II biological safety cabinets* or equivalent containment systems; Quantities exceeding 1 kg may be handled either using specific containment, a hood or Class II biological safety cabinet*.
● HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.
● The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling Quantities of up to 25 grams, an approved respirator with HEPA filters or cartridges should be considered; Quantities of 25 grams to 1 kilogram, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. Quantities in excess of 1 kilogram, a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered.

Written procedures, specific to a particular work-place, may replace these recommendations
* For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so.

Pilot Plant and Production
● Wear appropriate gloves; lab coat, nylon coveralls or disposable Tyvek suit; safety glasses, safety shoes, and disposable booties.
● Use good manufacturing practices (i.e., cGMPs).
● Protective garment (coveralls, Tyvek, lab coat) is not to be worn outside the work area.
● Clean/dirty/decontamination areas are to be established.
● Negative/positive air pressure relationships and buffer zones required (i.e., ante-room/degowning room/airlock).
● Area access is to be restricted.
● High-energy operations such as milling, particle sizing, spraying or fluidising should be done within an approved emission control or containment system.
● Develop cleaning procedures and techniques that limit potential exposure
Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES
Solid.
Mixes with water.

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<th>Property</th>
<th>Value</th>
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<tr>
<td>State</td>
<td>Divided solid</td>
<td>Molecular Weight</td>
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<td>Melting Range (°F)</td>
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<td>Viscosity</td>
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<td>Boiling Range (°F)</td>
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<td>Solubility in water (g/L)</td>
<td>Miscible</td>
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<td>Flash Point (°F)</td>
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<td>pH (1% solution)</td>
<td>3-4.5 (2%)</td>
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<td>Decomposition Temp (°F)</td>
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<td>pH (as supplied)</td>
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<tr>
<td>Autoignition Temp (°F)</td>
<td>Not available</td>
<td>Vapor Pressure (mmHG)</td>
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<td>Upper Explosive Limit (%)</td>
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<td>Relative Vapor Density (air=1)</td>
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<tr>
<td>Volatile Component (%vol)</td>
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<td>Evaporation Rate</td>
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APPEARANCE
Odorless powder crystals or crystalline powder with slightly bitter taste; mixes with water (130-40), chloroform (110).

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY
- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

STORAGE INCOMPATIBILITY
- Avoid reaction with oxidizing agents
- Incompatible with bromides, iodides and iodine, alkalies and tannins.

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

papaverine hydrochloride

TOXICITY AND IRRITATION

TOXICITY

<table>
<thead>
<tr>
<th>Route</th>
<th>LD50 (mg/kg)</th>
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<td>Subcutaneous (rat)</td>
<td>368</td>
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<td>Intravenous (rat)</td>
<td>20</td>
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<tr>
<td>Oral (mouse)</td>
<td>130</td>
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<td>134</td>
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<td>Intravenous (rabbit)</td>
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IRRITATION

- Nil Reported

- Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a
non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. Specific developmental abnormalities (central nervous system) recorded.

### Section 12 - ECOLOGICAL INFORMATION

This material and its container must be disposed of as hazardous waste.

**Ecotoxicity**

<table>
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<th>Ingredient</th>
<th>Persistence: Water/Soil</th>
<th>Persistence: Air</th>
<th>Bioaccumulation</th>
<th>Mobility</th>
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<td>HIGH</td>
<td>No Data Available</td>
<td>LOW</td>
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### Section 13 - DISPOSAL CONSIDERATIONS

**Disposal Instructions**

All waste must be handled in accordance with local, state and federal regulations.
- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.
- Otherwise:
  - If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorized landfill.
  - Where possible retain label warnings and MSDS and observe all notices pertaining to the product. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.
- A Hierarchy of Controls seems to be common - the user should investigate:
  - Reduction
  - Reuse
  - Recycling
  - Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.
- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.

Valuable substance, hold all residues for recovery. Disposal of the material must be carried out in accordance with the requirements of the relevant Federal/State Act(s) or Code(s) regulating the disposal of Drugs of Addiction.
- Consult manufacturer/supplier for recycling options.
- Decontaminate empty containers with water; incinerate plastic bags.
- DO NOT reuse containers. Bury empty containers in an authorized landfill.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

### Section 14 - TRANSPORTATION INFORMATION

**DOT:**

<table>
<thead>
<tr>
<th>Symbols</th>
<th>Hazard class or Division</th>
<th>Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>6.1</td>
<td>UN1544</td>
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<tr>
<td>PG:</td>
<td>II</td>
<td></td>
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<tr>
<td>Label Codes</td>
<td>6.1</td>
<td>Special provisions:</td>
</tr>
<tr>
<td>-------------------</td>
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<td>---------------------</td>
</tr>
<tr>
<td>Packaging: Exceptions</td>
<td>153</td>
<td>Packaging: Non-bulk:</td>
</tr>
<tr>
<td>Packaging: Exceptions</td>
<td>153</td>
<td>Quantity limitations:</td>
</tr>
<tr>
<td>Quantity Limitations: Cargo aircraft only:</td>
<td>100 kg</td>
<td>Vessel stowage: Location:</td>
</tr>
<tr>
<td>Vessel stowage: Other:</td>
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<td></td>
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Hazardous materials descriptions and proper shipping names: Alkaloids, solid, n.o.s. or Alkaloid salts, solid, n.o.s. poisonous

### Air Transport IATA:

<table>
<thead>
<tr>
<th>ICAO/IATA Class:</th>
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<th>ICAO/IATA Subrisk:</th>
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**Cargo Only**

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<tbody>
<tr>
<td>Passenger and Cargo</td>
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<td></td>
<td></td>
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<tr>
<td>Packing Instructions:</td>
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<td>Passenger and Cargo</td>
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<tr>
<td>Limited Quantity</td>
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<td></td>
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<td>Packing Instructions:</td>
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**Passenger and Cargo**

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</thead>
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<td></td>
<td></td>
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<tr>
<td>Limited Quantities:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Shipping name:ALKALOIDS, SOLID, N.O.S. or ALKALOID SALTS, SOLID, N.O.S.(contains papaverine hydrochloride)

### Maritime Transport IMDG:

<table>
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<th>IMDG Class:</th>
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<th>IMDG Subrisk:</th>
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<tr>
<td>EMS Number:</td>
<td>F-A,S-A</td>
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<td>43 274</td>
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</table>

Shipping name:ALKALOIDS, SOLID, N.O.S. or ALKALOID SALTS, SOLID, N.O.S.(contains papaverine hydrochloride)

### Section 15 - REGULATORY INFORMATION

**papaverine hydrochloride (CAS: 61-25-6) is found on the following regulatory lists:**

- Canada Domestic Substances List (DSL)
- US FDA Maximum Recommended Therapeutic Dose (MRTD) Database
- US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

### Section 16 - OTHER INFORMATION

**LIMITED EVIDENCE**

- Skin contact may produce health damage*.
- Inhalation may produce serious health damage*.
- Cumulative effects may result following exposure*.

* (limited evidence).

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

A list of reference resources used to assist the committee may be found at: www.chemwatch.net/references.

- The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

- For detailed advice on Personal Protective Equipment, refer to the following U.S. Regulations and Standards:
  - OSHA Standards - 29 CFR: 1910.132 - Personal Protective Equipment - General requirements
1910.133 - Eye and face protection
1910.134 - Respiratory Protection
1910.136 - Occupational foot protection
1910.138 - Hand Protection
Eye and face protection - ANSI Z87.1
Foot protection - ANSI Z41
Respirators must be NIOSH approved.

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