

Hydroxychloroquine Sulfate

sc-215157



The Power is Question

Material Safety Data Sheet

Hazard Alert Code Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Hydroxychloroquine Sulfate

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Santa Cruz Biotechnology, Inc.
2145 Delaware Avenue
Santa Cruz, California 95060
800.457.3801 or 831.457.3800

EMERGENCY

ChemWatch
Within the US & Canada: 877-715-9305
Outside the US & Canada: +800 2436 2255
(1-800-CHEMCALL) or call +613 9573 3112

SYNONYMS

C18-H26-Cl-N3-O.H2-O4-S, "ethanol, 2-[(4-((7-chloro-4-quinolinyl)amino)pentyl)ethylamino]-, sulfate", (1:1), "2-[(4-((7-chloro-4-quinolinyl)amino)pentyl)ethylamino]ethanol sulfate", "(1:1) salt", "ethanol, 2-[(4-((7-chloro-4-quinolinyl)amino)pentyl)ethylamino]-, sulfate", Ercoquin, Plaquenil, "Plaquenil sulfate", antimalarial

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability:	1	
Toxicity:	2	
Body Contact:	2	
Reactivity:	1	
Chronic:	2	

Min/Nil=0
Low=1
Moderate=2
High=3
Extreme=4



CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

May cause SENSITISATION by skin contact.
Limited evidence of a carcinogenic effect.
Irritating to eyes, respiratory system and skin.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be damaging to the health of the individual.
- The main toxic effects of chloroquine are related to its quinidine-like (membrane stabilizing) actions on the heart. Other acute effects are respiratory depression and severe gastro-intestinal irritation.
- Large doses of quinine and its derivatives may produce severe poisoning characterized by headache, fever, vomiting, muscle weakness, excitement, confusion, blindness (possibly permanent), deafness and loss of consciousness; blood pressure falls and a feeble pulse results. Occasionally, renal failure ensues; death may occur, usually in coma, from respiratory failure.
- Agranulocytosis is an acute condition with loss of white blood cells, especially those with multiple nuclei. This may lead to infected ulcers in the throat, intestine, other mucous membranes and skin.

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 is not thought to have harmful health effects, however the material may still produce health damage following entry through wounds, lesions or abrasions.
- 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 be damaging 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.

CHRONIC HEALTH EFFECTS

■ There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There is some evidence that inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population. Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung. Prolonged administration of high doses of chloroquines (common in the treatment of rheumatoid arthritis) may lead to pigmented deposits and opacities in the cornea which are reversible if treatment is withdrawn. There is a risk of retinopathy with lesions, defects in colour vision, optic nerve atrophy, scotomas, field defects and blindness. Uncommon adverse effects include loss of hair, bleaching of hair pigment, bluish-black pigmentation of mucous membranes and skin, photosensitivity, lichen planus like eruptions, aural defects, neuromyopathy and myopathy. Blood disorders such as agranulocytosis, thrombocytopenia and neutropenia have been reported on rare occasions. Use of the chloroquines is not recommended during pregnancy because other closely related compounds have caused central nervous system damage (including congenital deafness) in the foetus. Given in weekly chemoprophylactic doses, however, these substances do not appear to produce adverse effects in the foetus. Repeated exposure to quinines can result in symptoms such as nausea, vomiting, headache, ringing in the ear, deafness, visual disturbance and temporary blindness. Some people are hypersensitive to quinine, and small doses in these persons may cause swelling, asthma and other allergic phenomena. Exposure to small quantities may induce hypersensitivity reactions characterized by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic edema), running nose (rhinitis) and blurred vision. Anaphylactic shock and skin rash (non-thrombocytopenic purpura) may occur.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
hydroxychloroquine sulfate	747-36-4	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

· If swallowed do NOT induce vomiting. · If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to

maintain open airway and prevent aspiration.

EYE

■ If this product comes in contact with the eyes: · Wash out immediately with fresh 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.

SKIN

■ If skin contact occurs: · Immediately remove all contaminated clothing, including footwear · Flush skin and hair with running water (and soap if available).

INHALED

· If fumes or combustion products are inhaled remove from contaminated area. · Lay patient down. Keep warm and rested.

NOTES TO PHYSICIAN

■ Treat symptomatically.

for chloroquines:

Patients with chloroquine overdose should always be admitted to an intensive care unit. Treatment depends on the dose ingested and on the severity of poisoning. It includes gastric lavage. IV diazepam to prevent or reduce cardiotoxicity, and supportive treatment with artificial ventilation, inotropic and vasopressor drugs. Vital signs (ECG, blood pressure, respirations) and serum potassium concentrations should be monitored.

· In gross overdose prompt treatment is essential.

· Empty the stomach by inducing emesis or by aspiration and lavage.

· The use of charcoal has been suggested.

· Respiration may require assistance and intravenous fluids and vasopressors may be given for hypotension.

· Ammonium chloride in doses of up to 8 gm daily by mouth has been recommended to enhance urinary excretion but hazards exist in forced diuresis.

· Sodium lactate injection has been given intravenously to counter depressant effects of chloroquine on the heart.

· Electrical pacing of the heart may be required.

· Dialysis procedures seem to offer little benefit.

An alternate treatment regime has been published in the US Pharmacopeia.

Treatment should be sympathetic and supportive and may include the following:

· Empty stomach with gastric lavage

· Administer activated charcoal with a cathartic. The dose of activated charcoal should be 5 to 10 times the estimated dose of the material ingested.

· Force diuresis and acidify the the urine with ammonium chloride to enhance elimination. Adjust the dose of the acidifying agent to maintain a urinary pH of 5.5 to 6.5.

· Treat repetitive seizures or status epilepticus with intravenous diazepam (in 2.5 to 5 mg increments).

· Manage life-threatening ventricular arrhythmias or cardiac arrest as per Advances Cardiac Life Support guidelines.

· For hypotension and circulatory shock, administer fluids at a sufficient rate to maintain urine output. Administer intravenous pressor and/ or inotropic drugs such as norepinephrine, dopamine, isoproterenol, or dobutamine, if required.

· Monitor plasma protein

· Secure and maintain a patent airway, minister oxygen, and institute assisted or controlled respiration as required. In severe overdose, early mechanical ventilation has been suggested to prevent hypoxaemia.

USP DI 20th Ed. 200).

Section 5 - FIRE FIGHTING MEASURES

Vapour Pressure (mmHG): Not Available

Upper Explosive Limit (%): Not Available

Specific Gravity (water=1): Not Available

Lower Explosive Limit (%): Not Available

EXTINGUISHING MEDIA

· Water spray or fog.

· Foam.

FIRE FIGHTING

· Alert Emergency Responders and tell them location and nature of hazard.

· Wear breathing apparatus plus protective gloves.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

· Combustible solid which burns but propagates flame with difficulty.

· 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 may burn rapidly and fiercely if ignited.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), hydrogen chloride, phosgene, nitrogen oxides (NO_x), sulfur oxides (SO_x), other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

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

PERSONAL PROTECTION

Glasses:

Chemical goggles.

Gloves:

Respirator:
Particulate

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

- Moderate hazard.
- CAUTION: Advise personnel in area.
- Alert Emergency Responders and tell them location and nature of hazard.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
 - Wear protective clothing when risk of exposure occurs.
- 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 authorisation or permit.

RECOMMENDED STORAGE METHODS

- Glass container.
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store at 4° C.

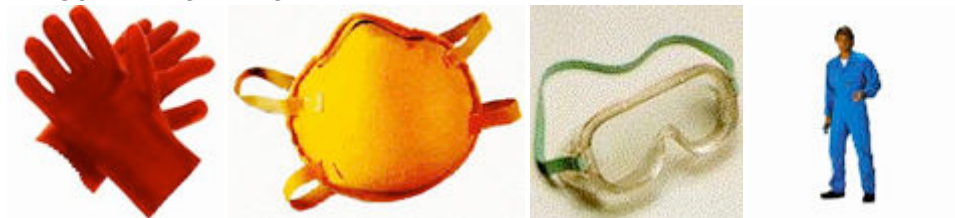
Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- hydroxychloroquine sulfate: CAS:747-36-4

PERSONAL PROTECTION



RESPIRATOR

- particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Consult your EHS staff for recommendations

EYE

- When handling very small quantities of the material eye protection may not be required.

For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:

- Chemical goggles
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes
- 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].

HANDS/FEET

■ NOTE: The material may produce skin sensitization in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

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

- 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).

· 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) 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) 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). Employees allergic to latex gloves should use nitrile gloves in preference.

· Double gloving should be considered.

· PVC gloves.

· Protective shoe covers.

· Head covering.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

· polychloroprene

· nitrile rubber

· butyl rubber

· fluorocarbon

· polyvinyl chloride

Gloves should be examined for wear and/ or degradation constantly.

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 coverall 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

■ Enclosed local exhaust ventilation is required at points of dust, fume or vapor generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Mixes with water.

State	Divided Solid	Molecular Weight	434.0
Melting Range (°F)	464~	Viscosity	Not Applicable
Boiling Range (°F)	Not Applicable	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not Available	pH (1% solution)	Not Available
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not Applicable
Autoignition Temp (°F)	Not Available	Vapour Pressure (mmHG)	Not Available
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	Not Available
Lower Explosive Limit (%)	Not Available	Relative Vapor Density (air=1)	Not Applicable
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Applicable

APPEARANCE

White to off-white crystalline, odourless powder; mixes with water. Flammability Color Physical State Odor Miscibility with water - White Solid Miscible

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

· Presence of incompatible materials.

· Product is considered stable.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

hydroxychloroquine sulfate

TOXICITY AND IRRITATION

HYDROXYCHLOROQUINE SULFATE:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY	IRRITATION
----------	------------

Oral (Human) LD: 600 mg/kg

Oral (Human) TDLo: 400 mg/kg

- Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's edema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic 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.

No significant acute toxicological data identified in literature search.

Barin degenerative changes, EKG changes, lowered BP recorded.

Section 12 - ECOLOGICAL INFORMATION

No data

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
hydroxychloroquine sulfate	No Data Available	No Data Available		

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

All waste must be handled in accordance with local, state and federal regulations.

! Puncture containers to prevent re-use and bury at an authorized landfill.

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.

DO NOT allow wash water from cleaning equipment to enter drains. Collect all wash water for treatment before disposal.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.

Section 14 - TRANSPORTATION INFORMATION

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: DOT, IATA, IMDG

Section 15 - REGULATORY INFORMATION

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation and/or ingestion may produce health damage*.
- Cumulative effects may result following exposure*.
- Possible respiratory sensitiser*.

* (limited evidence).

Denmark Advisory list for selfclassification of dangerous substances

Substance CAS Suggested codes hydroxychloroquine sulfate 747- 36- 4 Rep3; R63 R43

Reasonable care has been taken in the preparation of this information, but the author makes no warranty of merchantability or any other warranty, expressed or implied, with respect to this information. The author makes no representations and assumes no liability for any direct, incidental or consequential damages resulting from its use. For additional technical information please call our toxicology department on +800 CHEMCALL.

- 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.

This document is copyright. Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH. TEL (+61 3) 9572 4700.

Issue Date: Jun-1-2008

Print Date:Jul-2-2011