

(S)-Citalopram Oxalate

sc-208365

Material Safety Data Sheet



The Power to Question

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

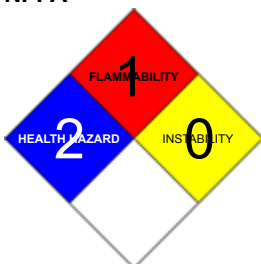
PRODUCT NAME

(S)-Citalopram Oxalate

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Santa Cruz Biotechnology, Inc.
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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

C22H23FN2O5, "(S)-1-[3-(dimethylamino)propyl]-1-(4-fluorophenyl)-1, 3-", "dihydroisobenzofuran-5-carbonitrile oxalate", "5-Isobenzofurancarbonitrile, 1-(3-(dimethylamino)propyl)-1-(4-", "fluorophenyl)-1, 3-dihydro-, (1S)-, oxalate", "citalopram enantiomer", "S-(+)-Citalopram oxalate", Cipralox, "selective serotonin reuptake inhibitor (SSRI)"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

		Min	Max
Flammability	1		
Toxicity	2		
Body Contact	2		
Reactivity	1		

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



**CANADIAN WHMIS SYMBOLS****EMERGENCY OVERVIEW****RISK**

Possible risk of harm to the unborn child.

Harmful in contact with skin and if swallowed.

Irritating to eyes, respiratory system and skin.

Very toxic to aquatic organisms.

POTENTIAL HEALTH EFFECTS**ACUTE HEALTH EFFECTS****SWALLOWED**

- Accidental ingestion of the material may be damaging to the health of the individual.
- Aromatic nitriles, unlike aliphatic nitriles, do not appear to liberate cyanide within the body.
- Treatment with selective serotonin reuptake inhibitors (SSRIs) can cause serotonin syndrome, a serious condition affecting the brain, muscles and digestive system.

Signs and symptoms of serotonin syndrome include restlessness, fast heart rate, rapid changes in blood pressure, diarrhoea, nausea and vomiting, hallucinations, fever, coma, loss of co-ordination and overactive reflexes.

- Soluble or solubilised oxides are severely corrosive to the digestive tract, and severe inflammation of the stomach and gut and secondary shock can cause death.

Where there are no digestive symptoms (as seen when a dilute solution is swallowed), symptoms in other systems may dominate, including muscle twitching, cramps and central nervous system depression.

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.
- Oxalate ion is an irritant, and may cause skin irritation.

Following contact, skin lesions may develop.

- This material is a photosensitiser.

Certain individuals working with this substance may show allergic reaction of the skin under sunlight.

- 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.

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.

- Inhalation of soluble oxalate produces irritation of the respiratory tract.

Effects on the body may include protein in the urine, ulceration of the mucous membranes, headache,

nervousness, cough, vomiting, severe weight loss, back pain (due to kidney injury) and weakness.

CHRONIC HEALTH EFFECTS

■ Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

Based on experience with similar materials, there is a possibility that exposure to the material may reduce fertility in humans at levels which do not cause other toxic effects.

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. Prime symptom is breathlessness; lung shadows show on X-ray.

Chronic exposure to oxalates may result in circulatory failure or nervous system irregularities, the latter due to calcium binding to oxalate. Prolonged and severe exposure can cause chronic cough, protein in the urine, vomiting, pain in the back, and gradual weight loss and weakness. Prolonged and severe exposure can cause delayed liver and/or kidney damage. A study of railroad car cleaners in Norway found that workers heavily exposed to oxalic acid solutions and vapors had a 53% prevalence of developing urinary stones, compared to only 12% among unexposed workers from the same company.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
(S)-Citalopram Oxalate	219861-08-2	>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.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.

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.
- Seek medical attention without delay; if pain persists or recurs seek medical attention.
- 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.

NOTES TO PHYSICIAN

- Treatment must be prompt.
- Give immediately by mouth, a dilute solution of any soluble calcium salt; calcium lactate, lime water, finely pulverised chalk or plaster suspended in a large volume of water or milk. Large amounts of calcium are required to inactivate oxalate by precipitating it as the insoluble calcium salt. Do NOT give an emetic drug.
- Perform gastric lavage carefully or not at all if severe mucosal injury is evident. Dilute lime water (calcium hydroxide) makes a good lavage fluid if used in large quantity.
- Administer a slow intravenous injection of 10-20 ml of calcium gluconate (10% solution) or of calcium chloride (5% solution). This injection may be repeated frequently to prevent hypocalcaemic tetany. Calcium gluconate (10 m) may also be given intramuscularly every few hours. Calcium compounds are never given subcutaneously; even the intramuscular route is hazardous in infants because of the incidence of sloughing.
- In severe cases parathyroid extract (100 USP units) should be given intramuscularly.

For selective serotonin reuptake inhibitors (SSRIs)

Serotonin toxicity is more pronounced following supra-therapeutic doses and overdoses, and they merge in a continuum with the toxic effects of overdose. The serotonergic toxicity of SSRIs increases with dose, but even in over-dose it is insufficient to cause fatalities from serotonin syndrome in healthy adults.

It is usually only when drugs with different mechanisms of action are mixed together that elevations of central nervous system serotonin reach potentially fatal levels.

Section 5 - FIRE FIGHTING MEASURES

Vapor Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not Available
Specific Gravity (water=1)	Not Available
Lower Explosive Limit (%)	Not Available

EXTINGUISHING MEDIA

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use water delivered as a fine spray to control fire and cool adjacent area.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 100 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.
Combustion products include carbon monoxide (CO), carbon dioxide (CO₂), hydrogen fluoride, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

FIRE INCOMPATIBILITY

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

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

Environmental hazard - contain spillage.

- 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.

MAJOR SPILLS

Environmental hazard - contain spillage.

Moderate hazard.

- CAUTION Advise personnel in area.
- Alert Emergency Services and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.

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.

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 is suitable for laboratory quantities
- 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 in a cool, dry area protected from environmental extremes.
- Store away from incompatible materials and foodstuff containers.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- escitalopram oxalate CAS219861-08-2

PERSONAL PROTECTION



RESPIRATOR

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

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], [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
- 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. [AS/NZS 2210]

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
- fluorocautchouc

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.

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.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

State	Divided Solid	Molecular Weight	414.43
Melting Range (°F)	297- 298	Viscosity	Not Applicable
Boiling Range (°F)	Not Applicable	Solubility in water (g/L)	Partly Miscible
Flash Point (°F)	Not Available	pH (1% solution)	Not Applicable
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not Applicable
Autoignition Temp (°F)	Not Available	Vapor Pressure (mmHG)	Negligible
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)	Negligible	Evaporation Rate	Not Applicable

APPEARANCE

Fine powder; does not mix well with water. Soluble in methanol, DMSO, isotonic saline.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidising agents

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

Section 11 - TOXICOLOGICAL INFORMATION

escitalopram oxalate

TOXICITY AND IRRITATION

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.
 - 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.
- No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms.

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

Avoid release to the environment.

Refer to special instructions/ safety data sheets.

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

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

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.
- 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:

Symbols:	G	Hazard class or Division:	9
Identification Numbers:	UN3077	PG:	III
Label Codes:	9	Special provisions:	8, 146, 335, B54, IB8, IP3, N20, T1, TP33
Packaging: Exceptions:	155	Packaging: Non-bulk:	213
Packaging: Exceptions:	155	Quantity limitations: Passenger aircraft/rail:	No limit
Quantity Limitations: Cargo aircraft only:	No limit	Vessel stowage: Location:	A
Vessel stowage: Other:	None		

Hazardous materials descriptions and proper shipping names:

Environmentally hazardous substance, solid, n.o.s

Air Transport IATA:

ICAO/IATA Class:	9	ICAO/IATA Subrisk:	None
UN/ID Number:	3077	Packing Group:	III
Special provisions:	A97		
Cargo Only			
Packing Instructions:	956	Maximum Qty/Pack:	400 kg
Passenger and Cargo		Passenger and Cargo	

Packing Instructions:	956	Maximum Qty/Pack:	400 kg
Passenger and Cargo Limited Quantity		Passenger and Cargo Limited Quantity	
Packing Instructions:	Y956	Maximum Qty/Pack:	30 kg G
Shipping name:ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.(contains escitalopram oxalate)			
Maritime Transport IMDG:			
IMDG Class:	9	IMDG Subrisk:	None
UN Number:	3077	Packing Group:	III
EMS Number:	F-A,S-F	Special provisions:	274 335
Limited Quantities:	5 kg	Marine Pollutant:	Yes
Shipping name:ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.(contains escitalopram oxalate)			

Section 15 - REGULATORY INFORMATION

No data for escitalopram oxalate (CAS: , 219861-08-2)

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation may produce health damage*.
 - Cumulative effects may result following exposure*.
 - May possibly affect fertility*.
- * (limited evidence).

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■ 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.

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Issue Date: Aug-2-2010

Print Date:Dec-15-2011