# **Amiodarone Hydrochloride**



[4-(2-(diethylamino)ethoxy)ethoxy-3, 5-", diiodophenyl], "methanone hydochloride", "amiodaronum hydrochloride", "ketone, 2-butyl-3-benzofuranyl 4-[2-(diethylamino)ethoxy]-3, 5-", "diiodophenyl, ", hydrochloride, "methanone, ", "(2-butyl-3-benzofuranyl)[4-(2diethylamino)ethoxy]-3, 5-diiodophenylyl]-", "benzofuran anti-arrhythmic"





# **EMERGENCY OVERVIEW**

#### RISK

Harmful by inhalation, in contact with skin and if swallowed. Irritating to eyes, respiratory system and skin. Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

## POTENTIAL HEALTH EFFECTS

## ACUTE HEALTH EFFECTS

#### **SWALLOWED**

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

• Anti-arrhythmic agents have cardiac depressant properties and may, particularly in excessive dosages, induce cardiac arrhythmias (including ventricular tachycardia), heart failure and hypotension.

## EYE

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

#### SKIN

Skin contact with the material may be harmful; systemic effects may resultfollowing absorption.

- This material can cause inflammation of the skin oncontact in some persons.
- The material may accentuate any pre-existing dermatitis condition.
- 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.

Photosensitization designates an abnormal adverse reaction to ultraviolet (UV) and/or visible radiation and is used to describes phototoxic reactions (those having a non-immunological basis), photoallergic reactions (those having an immunological basis) and other, as yet, unexplained reactions of the skin and eyes to sunlight.

#### INHALED

Inhalation of dusts, generated by the material, during the course of normalhandling, may be harmful.

The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

■ 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**

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

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

There is limited evidence that, skin contact with this product is more likely to cause a sensitization reaction in some persons compared to the general population.

Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, on the basis that similar materials tested in appropriate animal studies provide some suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of 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.

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lodine and iodides, may give rise to local allergic reactions such as hives, rupture of skin blood vessels, pain in joints or diseases of the lymph nodes.

lodine and iodides cause goiter and diminished as well as increased activity of the thyroid gland. A toxic syndrome resulting from chronic iodide overdose and from repeated administration of small amounts of iodine is characterized by excessive saliva production, head cold, sneezing, conjunctivitis, headache, fever, laryngitis, inflammation of the bronchi and mouth cavity, inflamed parotid gland, and various skin rashes.

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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.

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Prolonged treatment may cause the development of a benign yellowish-brown corneal microdeposit sometimes associated with coloured haloes of light.

Photosensitivity reactions are also common and more rarely a slate-grey discolouration of the skin may occur. Sunscreen agents are effective in preventing the reaction.

# **Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS**

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# **Section 4 - FIRST AID MEASURES**

#### **SWALLOWED**

 $\cdot$  IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.  $\cdot$  Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

## 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

■ for poisons (where specific treatment regime is absent):

-----BASIC TREATMENT

· Establish a patent airway with suction where necessary.

· Watch for signs of respiratory insufficiency and assist ventilation as necessary.

Treat symptomatically.

In overdose the stomach should be emptied by aspiration and lavage. A beta-adrenoreceptor stimulant (for example, isoprenaline) or glucagon has been recommended for bradycardia. Corticosteroids have been recommended for the treatment of pulmonary toxicity. \*Monitor cardiac rhythm and blood pressure.

\*For bradycardia, a beta-adrenergic agonist or pacemker may be indicated

\*Hypotension may respond to positive inotropic and/ or vasopressor agents [USP D 2003]

# Section 5 - FIRE FIGHTING MEASURES

Vapour Pressure (mmHG):	Negligible
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.

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.

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, hydrogen iodide, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.

#### 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

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.
- · 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
- Environmental hazard contain spillage.
- 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

Observe manufacturer's storing and handling recommendations.

# Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

# **EXPOSURE CONTROLS**

The following materials had no OELs on our records • amiodarone hydrochloride: CAS:19774-82-4

## PERSONAL PROTECTION



# RESPIRATOR

Particulate

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.

- $\cdot$  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
- · fluorocaoutchouc

· 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.

· Eve 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

Solid.			
Mixes with water.			
State	Divided solid	Molecular Weight	661.80
Melting Range (°F)	318.2- 325.4	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	3.2-3.8 (5% sol)
Decomposition Temp (°F)	Not available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available.	Vapour 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

White to off-white powder; mixes with water. Soluble in chloroform, dichloromethane.

# Section 10 - CHEMICAL STABILITY

# CONDITIONS CONTRIBUTING TO INSTABILITY

- $\cdot$  Presence of incompatible materials.
- · Product is considered stable.

## STORAGE INCOMPATIBILITY

Avoid reaction with oxidizing agents.

Incompatible with aminophylline, heparin and sodium chloride solutions.

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

# Section 11 - TOXICOLOGICAL INFORMATION

#### AMIODARONE HYDROCHLORIDE

#### TOXICITY AND IRRITATION

AMIODARONE HYDROCHLORIDE:

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

# TOXICITY IRRITATION

Oral (rat) LD50: >3000 mg/kg

Intraperitoneal (rat) LD50: 610 mg/kg

Intravenous (rat) LD50: 170 mg/kg

Oral (mouse) LD50: >3000 mg/kg

Intraperitoneal (mouse) LD50: 450 mg/kg

Oral (dog) LD50: >5000 mg/kg

Intravenous (dog) LD50: 5000 mg/kg

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.

Oral (man) TDLo: 240 mg/kg/6w - I Nil reported Oral (woman) TDLo: 1128 mg/kg/56w - I

Oral (man) TDLo: 2480 mg/kg/43w - I

# **Section 12 - ECOLOGICAL INFORMATION**

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment. This material and its container must be disposed of as hazardous waste. Avoid release to the environment.

Refer to special instructions/ safety data sheets.

#### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
amiodarone hydrochloride	HIGH		LOW	LOW

# **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**



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: No limit Passenger aircraft/rail: Quantity Limitations: Cargo No limit Vessel stowage: Location: A aircraft only: 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: 911 Maximum Qty/Pack: 400 kg Passenger and Cargo Passenger and Cargo Packing Instructions: 911 Maximum Qty/Pack: 400 kg Passenger and Cargo Limited Quantity Passenger and Cargo Limited Quantity Packing Instructions: Y911 Maximum Qty/Pack: 30 kg G Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. \*(CONTAINS AMIODARONE HYDROCHLORIDE)

# Maritime Transport IMDG:

IMDG Class: 9 IMDG Subrisk: None UN Number: 3077 Packing Group: III EMS Number: F-A , S-F Special provisions: 179 274 335 909 Limited Quantities: 5 kg Marine Pollutant: Yes Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.

# Section 15 - REGULATORY INFORMATION

# amiodarone hydrochloride (CAS: 19774-82-4) is found on the following regulatory lists;

"OSPAR List of Substances of Possible Concern", "US - California Proposition 65 - Priority List for the Development of MADLs for Chemicals Causing Reproductive Toxicity", "US - California Proposition 65 - Reproductive Toxicity", "US - Maine Chemicals of High Concern List"

# **Section 16 - OTHER INFORMATION**

## LIMITED EVIDENCE

- Cumulative effects may result following exposure\*.
- Possible skin sensitiser\*
- May possibly be harmful to the foetus/ embryo\*.
- \* (limited evidence).

#### ND

Substance CAS Suggested codes amiodarone hydrochloride 19774- 82- 4

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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. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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