SECTION-1: Identification of the substance / mixture and the company / undertaking

Catalogue Number	CS-O-05678
Product Name	Amoxapine
CAS No.	14028-44-5
Category	API
Synonyms	2-Chloro-11-(piperazin-1-yl)dibenzo[b,f][1,4]oxazepine; Amoxan; Amoxapine
Brand	Clearsynth Labs Ltd.
Identified uses	Laboratory Chemicals
Uses advised against	Not available
Company	Clearsynth Labs Ltd. Mumbai, India
Emergency Phone #	+91-22-245045900
REACH No.	Not available

SECTION 2: Hazards identification

Disclaimer: This is sample MSDS. Please email **sales@clearsynth.com** for more details.

2.1 Classification of the substance or mixture-Regulation (EC) No 1272/2008:

Acute toxicity (Category 4)

2.2 Label Elements

Signal Word: Warning

Hazard Statement(s)

Code	Statement
H302	Harmful if swallowed.

Precautionary Statement(s)

Code	Statement

P264	Wash hands thoroughly after handling.
P270	Not available
P301+P317	Not available
P330	Not available
P501	Dispose of contents/container in accordance with local/regional/national/international regulatio

SECTION 3: Composition / information on ingredients

3.1 Substance

Component : Amoxapine
CAS Number : 14028-44-5
Molecular Formula : C17H16ClN3O
Molecular Weight : 313.8
Parent Chemical : Amoxapine
Synonyms : 2-Chloro-11-(piperazin-1-yl)dibenzo[b,f][1,4]oxazepine; Amoxan; Amoxapine
Concentration : Not available

SECTION 4: First aid measures

SECTION 4: First-aid measures

4.1 Description of first aid measures
- General advice: Remove from exposure. Show this Safety Data Sheet to the physician in attendance.
- Inhalation: Move person to fresh air. If breathing is difficult, seek medical attention.
- Skin contact: Wash with plenty of soap and water. Remove contaminated clothing and wash before reuse. Get medical attention if irritation persists.
- Eye contact: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing. Seek medical attention if irritation persists.
- Ingestion: Rinse mouth. Do not induce vomiting unless directed by medical personnel. Never give anything by mouth to an unconscious person. Seek medical attention.

4.2 Most important symptoms and effects, both acute and delayed
- Not available.

4.3 Indication of any immediate medical attention and special treatment needed
- Treat symptomatically. No data available.

SECTION 5: Firefighting measures

SECTION 5: Fire-fighting measures

5.1 Extinguishing media
- Suitable extinguishing media: Use extinguishing measures appropriate to local circumstances and the surrounding environment (e.g., water spray, alcohol-resistant foam, dry chemical, carbon dioxide).
- Unsuitable extinguishing media: Not available.

5.2 Special hazards arising from the substance or mixture
- Combustible solid; dust may form explosive mixture with air (general precaution).
- Hazardous combustion products: Not available.

5.3 Advice for firefighters
- Wear self-contained breathing apparatus (SCBA) and full protective gear.
- Use water spray to cool unopened containers.

SECTION 6: Accidental release measures

SECTION 6: Accidental release measures

6.1 Personal precautions, protective equipment and emergency procedures
- Avoid breathing dust. Avoid contact with skin and eyes.
- Use appropriate personal protective equipment (see Section 8).
- Ensure adequate ventilation.

6.2 Environmental precautions
- Prevent further leakage or spillage if safe to do so.
- Avoid release to the environment. Do not allow to enter drains/surface waters/groundwater.

6.3 Methods and material for containment and cleaning up
- Avoid dust formation.
- Collect spillage using methods that do not generate dust (e.g., damp wipe, HEPA-filtered vacuum).
- Place in a suitable, closed container for disposal.

6.4 Reference to other sections
- See Section 8 for personal protective equipment and Section 13 for disposal considerations.

SECTION-7: Handling and storage

SECTION 7: Handling and storage

7.1 Precautions for safe handling
- Handle in accordance with good industrial hygiene and safety practice.
- Avoid formation of dust and aerosols.
- Avoid contact with skin, eyes, and clothing. Avoid breathing dust.
- Use with adequate ventilation; local exhaust recommended where dust may be generated.

7.2 Conditions for safe storage, including any incompatibilities
- Store in tightly closed container in a cool, dry, well-ventilated place.
- Protect from moisture. Keep away from incompatible materials.
- Incompatible materials: Not available.

7.3 Specific end use(s)
- API / laboratory or industrial use. Not for food, drug, or household use unless appropriately authorized.

SECTION 8: Exposure controls / personal protection

SECTION 8: Exposure controls/personal protection

8.1 Control parameters

- Occupational exposure limits: Not available.
- Biological limit values: Not available.

8.2 Exposure controls
- Engineering controls: Provide appropriate exhaust ventilation. Use local ventilation to control dust.
- Personal protective equipment (PPE):
- Eye/face protection: Safety glasses with side shields or chemical splash goggles.
- Skin protection: Protective gloves (material not specified; select based on risk assessment). Protective clothing as needed.
- Respiratory protection: If dust or aerosols are generated and ventilation is inadequate, use a suitable particulate respirator per applicable standards.
- Hygiene measures: Wash hands after handling. Remove contaminated clothing and wash before reuse.
- Environmental exposure controls: Avoid release to the environment.

SECTION 9: Physical and chemical properties

9.1 Information on basic physical and chemical properties

Test	Result
Appearance	No data available
IR spectrum	No data available
pH	No data available
Solubility	No data available

Property	Value
a) Physical State	No data available
b) Color	No data available
c) Odor	No data available
d) pH	No data available
e) Vapour Pressure	No data available
f) Viscosity	No data available
g) Initial Boiling Point and boiling range	No data available
h) Melting Point / Freezing Point	No data available
i) Auto Ignition Temperature	No data available
j) Flash Point	No data available
k) Explosion Limit, Lower	No data available

Property	Value
l) Explosion Limit, Upper	No data available
m) Decomposition Temperature	No data available
n) Loss on Drying	No data available
o) Relative Density	No data available
p) Solubility (in DMSO)	No data available
q) Oxidizing Properties	No data available

SECTION 10: Stability and reactivity

SECTION 10: Stability and reactivity

10.1 Reactivity
- No data available.

10.2 Chemical stability
- Stable under recommended storage conditions.

10.3 Possibility of hazardous reactions
- No data available.

10.4 Conditions to avoid
- Avoid excessive heat. Avoid dust generation and accumulation.

10.5 Incompatible materials
- Not available.

10.6 Hazardous decomposition products
- Not available.

SECTION 11: Toxicological information

11.1 Information on toxicological effects
- Acute toxicity: Signs and Symptoms of Overdose The primary concern for TCA toxicity is the potential development of serotonin syndrome, particularly when the medication is combined with other antidepressants such as SSRIs or SNRIs. Serotonin syndrome is characterized by symptoms such as hyperthermia, hypertension, muscle rigidity, and delirium. Management of Overdose In case of TCA or amoxapine overdose, there is no particular antidote available. The primary concern in cases of TCA overdose is ensuring proper respiration and delivering cardiovascular support to patients. Research has demonstrated that, in certain instances, sodium bicarbonate can reduce the incidence of QRS widening. This treatment requires vigilant monitoring of sodium plasma concentrations, as there is a possibility of hypernatremia in patients receiving sodium bicarbonate. However, in the absence of immediate electrolyte changes, the standard protocol involves close monitoring of the patient in the intensive care unit to detect any cardiac abnormalities and ensure adequate hydration to facilitate drug elimination from the system. Analysis of U.S. Poison Control Center data from 2000 to 2014 reveals that amoxapine toxicity may lead to severe complications, including cardiac arrest, renal failure, and intractable seizures. In a recent case report, intractable seizures were observed following an amoxapine overdose resulting from a suicide attempt involving the consumption of 3 g of the

drug. Despite the administration of intravenous diazepam, levetiracetam, and phenobarbital, the seizures remained uncontrolled. However, the seizures ceased just within 2 minutes of initiating intravenous lipid emulsion (ILE). Although a seizure recurrence occurred 30 minutes after the initial ILE treatment, these seizures were effectively managed through the re-administration of ILE. Therefore, ILE should be considered as a potential intervention for managing severe amoxapine overdose. The prevailing mechanism of lipid emulsion treatment as adjunctive therapy in cases of drug toxicity is based on the hypothesis of lipid shuttling. ILE administration establishes a substantial lipid compartment that efficiently absorbs highly lipid-soluble drugs such as amoxapine, aiding in their removal from the system. Liver test abnormalities occur in a small proportion of patients on long term therapy with amoxapine, but elevations are usually mild, asymptomatic and transient, reversing even with continuation of medication. Instances of clinically apparent acute liver injury without jaundice have been reported due to amoxapine, but have been quite rare. Published cases have been mild, anicteric and asymptomatic. The onset of injury was within 1 to 4 weeks of starting, and the pattern of serum enzyme elevations was hepatocellular. Immunoallergic features and autoantibody formation were not present. Likelihood score: E (unlikely cause of clinically apparent liver injury).
- Skin corrosion/irritation: No data available.
- Serious eye damage/eye irritation: No data available.
- Respiratory or skin sensitization: No data available.
- Germ cell mutagenicity: No data available.
- Carcinogenicity: No data available.
- Reproductive toxicity: No data available.
- STOT-single exposure: No data available.
- STOT-repeated exposure: No data available.
- Aspiration hazard: No data available.

Likely routes of exposure
- No data available.

Symptoms related to the physical, chemical and toxicological characteristics
- Signs and Symptoms of Overdose The primary concern for TCA toxicity is the potential development of serotonin syndrome, particularly when the medication is combined with other antidepressants such as SSRIs or SNRIs. Serotonin syndrome is characterized by symptoms such as hyperthermia, hypertension, muscle rigidity, and delirium. Management of Overdose In case of TCA or amoxapine overdose, there is no particular antidote available. The primary concern in cases of TCA overdose is ensuring proper respiration and delivering cardiovascular support to patients. Research has demonstrated that, in certain instances, sodium bicarbonate can reduce the incidence of QRS widening. This treatment requires vigilant monitoring of sodium plasma concentrations, as there is a possibility of hypernatremia in patients receiving sodium bicarbonate. However, in the absence of immediate electrolyte changes, the standard protocol involves close monitoring of the patient in the intensive care unit to detect any cardiac abnormalities and ensure adequate hydration to facilitate drug elimination from the system. Analysis of U.S. Poison Control Center data from 2000 to 2014 reveals that amoxapine toxicity may lead to severe complications, including cardiac arrest, renal failure, and intractable seizures. In a recent case report, intractable seizures were observed following an amoxapine overdose resulting from a suicide attempt involving the consumption of 3 g of the drug. Despite the administration of intravenous diazepam, levetiracetam, and phenobarbital, the seizures remained uncontrolled. However, the seizures ceased just within 2 minutes of initiating intravenous lipid emulsion (ILE). Although a seizure recurrence occurred 30 minutes after the initial ILE treatment, these seizures were effectively managed through the re-administration of ILE. Therefore, ILE should be considered as a potential intervention for managing severe amoxapine overdose. The prevailing mechanism of lipid emulsion treatment as adjunctive therapy in cases of drug toxicity is based on the hypothesis of lipid shuttling. ILE administration establishes a substantial lipid compartment that efficiently absorbs highly lipid-soluble drugs such as amoxapine, aiding in their removal from the

system.

SECTION 12: Ecological information

SECTION 12: Ecological information

12.1 Toxicity
- Not available.

12.2 Persistence and degradability
- Not available.

12.3 Bioaccumulative potential
- Not available.

12.4 Mobility in soil
- Not available.

12.5 Results of PBT and vPvB assessment
- Not available.

12.6 Endocrine disrupting properties
- Not available.

12.7 Other adverse effects
- Not available.

SECTION 13: Disposal considerations

SECTION 13: Disposal considerations

13.1 Waste treatment methods
- Dispose of contents/container in accordance with local/regional/national/international regulations.
- Do not discharge to drains.
- Recommended disposal method: Incineration or disposal via a licensed chemical waste contractor, as appropriate.
- Contaminated packaging: Dispose of as unused product.

SECTION 14: Transport information

SECTION 14: Transport information

- UN number: Not available.
- UN proper shipping name: Not available.
- Transport hazard class(es): Not available.
- Packing group: Not available.
- Environmental hazards: Not available.
- Special precautions for user: Not available.
- Transport in bulk according to IMO instruments: Not available.

SECTION 15: Regulatory information

SECTION 15: Regulatory information

15.1 Safety, health and environmental regulations/legislation specific for the substance or mixture
- Not available.

15.2 Chemical safety assessment
- Not available.

SECTION 16: Other information

SECTION 16: Other information

- Product name: Amoxapine
- CAS No.: 14028-44-5
- Catalog No.: CS-O-05678
- Synonyms: 2-Chloro-11-(piperazin-1-yl)dibenzo[b,f][1,4]oxazepine; Amoxan; Amoxapine
- Supplier: Clearsynth Labs Ltd., Mumbai, India
- Emergency phone: +91-22-245045900

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