**Safety Data Sheet**
**AMITRIPTYLINE HYDROCHLORIDE TABLETS, USP**
**Strength:** 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg
Pack Size: 100's 1000's Tablets per bottle

**Revision No.:** 00

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**EMERGENCY OVERVIEW**
Each Amitriptyline Hydrochloride Tablets, USP intended for oral administration contains Amitriptyline Hydrochloride and excipients generally considered to be non- toxic and non-hazardous in small quantities and under conditions of normal occupational exposure.

## Section 1. Identification

**Identification of the product**

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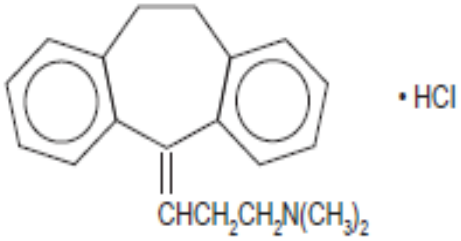
| **Product Name:** | Amitriptyline Hydrochloride Tablets, USP |
| **Formula:** | $C_{20}H_{23}N \bullet HCl$ |
| **Chemical Name:** | 10, 11-Dihydro-N,N-dimethyl-5H-dibenzo[a,d] cycloheptene-Δ5, γ-propylamine hydrochloride. |




**Manufacturer / supplier identification**

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| **Company:** | **Cadila Healthcare Ltd., Matoda, India** |
| **Address:** | Cadila Healthcare Limited, Plot No- 1A/1 & 2, Pharmez Special Economic Zone, Sarkhej- Bavla N.H. No. 8A, Near Village Matoda, Tal. Sanand, Dist. Ahmedabad-382 213, India |
| **Contact for information:** | Tel: +91-79-26868100 Fax: +91-79-26868533 |
| **Emergency Telephone No.** | Tel: +91-79-26868101 |
| **Recommended use / Therapeutic Category** | For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than are other depressive states. |

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| **Restriction on Use / Contraindications:** | Amitriptyline hydrochloride is contraindicated in patients who have shown prior hypersensitivity to it.<br>It should not be given concomitantly with monoamine oxidase inhibitors. Hyperpyretic crises, severe convulsions, and deaths have occurred in patients receiving tricyclic antidepressant and monoamine oxidase inhibiting drugs simultaneously. When it is desired to replace a monoamine oxidase inhibitor with amitriptyline hydrochloride, a minimum of 14 days should be allowed to elapse after the former is discontinued. Amitriptyline hydrochloride should then be initiated cautiously with gradual increase in dosage until optimum response is achieved.<br>Amitriptyline hydrochloride should not be given with cisapride due to the potential for increased QT interval and increased risk for arrhythmia.<br>This drug is not recommended for use during the acute recovery phase following myocardial infarction. |
| **Section 2. Hazard(s) Identification** | |
| **Dose and Administration** | **Oral Dosage**<br><br>Dosage should be initiated at a low level and increased gradually, noting carefully the clinical response and any evidence of intolerance.<br><br>**Initial Dosage for Adults**<br><br>For outpatients, 75 mg of amitriptyline hydrochloride a day in divided doses is usually satisfactory. If necessary, this may be increased to a total of 150 mg per day. Increases are made preferably in the late afternoon and/or bedtime doses. A sedative effect may be apparent before the antidepressant effect is noted, but an adequate therapeutic effect may take as long as 30 days to develop.<br><br>An alternate method of initiating therapy in outpatients is to begin with 50 to 100 mg amitriptyline hydrochloride at bedtime. This may be increased by 25 or 50 mg as necessary in the bedtime dose to a total of 150 mg per day.<br><br>Hospitalized patients may require 100 mg a day initially. This can be increased gradually to 200 mg a day if necessary. A small number of hospitalized patients may need as much as 300 mg a day. |

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| | Adolescent and Elderly Patients<br><br>In general, lower dosages are recommended for these patients. Ten mg 3 times a day with 20 mg at bedtime may be satisfactory in adolescent and elderly patients who do not tolerate higher dosages.<br><br>Maintenance<br><br>The usual maintenance dosage of amitriptyline hydrochloride is 50 to 100 mg per day. In some patients, 40 mg per day is sufficient. For maintenance therapy, the total daily dosage may be given in a single dose, preferably at bedtime. When satisfactory improvement has been reached, dosage should be reduced to the lowest amount that will maintain relief of symptoms. It is appropriate to continue maintenance therapy 3 months or longer to lessen the possibility of relapse.<br><br>Usage in Pediatric Patients<br>In view of the lack of experience with the use of this drug in pediatric patients, it is not recommended at the present time for patients under 12 years of age. |
| **Adverse Effects** | Within each category the following adverse reactions are listed in order of decreasing severity. Included in the listing are a few adverse reactions which have not been reported with this specific drug. However, pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when amitriptyline is administered. |
| **Over Dose Effect** | Deaths may occur from overdosage with this class of drugs. Multiple drug ingestion (including alcohol) is common in deliberate tricyclic antidepressant overdose. As the management is complex and changing, it is recommended that the physician contact a poison control center for current information on treatment. Signs and symptoms of toxicity develop rapidly after tricyclic antidepressant overdose, therefore, hospital monitoring is required as soon as possible. |

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| **Contraindications** | Amitriptyline hydrochloride is contraindicated in patients who have shown prior hypersensitivity to it.<br><br>It should not be given concomitantly with monoamine oxidase inhibitors. Hyperpyretic crises, severe convulsions, and deaths have occurred in patients receiving tricyclic antidepressant and monoamine oxidase inhibiting drugs simultaneously. When it is desired to replace a monoamine oxidase inhibitor with amitriptyline hydrochloride, a minimum of 14 days should be allowed to elapse after the former is discontinued. Amitriptyline hydrochloride should then be initiated cautiously with gradual increase in dosage until optimum response is achieved.<br><br>Amitriptyline hydrochloride should not be given with cisapride due to the potential for increased QT interval and increased risk for arrhythmia.<br>This drug is not recommended for use during the acute recovery phase following myocardial infarction. |
| **Pregnancy Comments** | Teratogenic effects were not observed in mice, rats, or rabbits when amitriptyline was given orally at doses of 2 to 40 mg/kg/day (up to 13 times the maximum recommended human dose1). Studies in literature have shown amitriptyline to be teratogenic in mice and hamsters when given by various routes of administration at doses of 28 to 100 mg/kg/day (9 to 33 times the maximum recommended human dose), producing multiple malformations. Another study in the rat reported that an oral dose of 25 mg/kg/day (8 times the maximum recommended human dose) produced delays in ossification of fetal vertebral bodies without other signs of embryotoxicity. In rabbits, an oral dose of 60 mg/kg/day (20 times the maximum recommended human dose) was reported to cause incomplete ossification of cranial bones.<br>Amitriptyline has been shown to cross the placenta. Although a causal relationship has not been established, there have been a few reports of adverse events, including CNS effects, limb deformities, or developmental delay, in infants whose mothers had taken amitriptyline during pregnancy.<br>There are no adequate and well-controlled studies in pregnant women. Amitriptyline hydrochloride should be used during pregnancy only if the potential benefit to the mother justifies the potential risk to the fetus.<br>1 Based on a maximum recommended amitriptyline dose of 150 mg/day or 3 mg/kg/day for a 50 kg patient. |

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| | Nursing Mothers<br>Amitriptyline is excreted into breast milk. In one report in which a patient received amitriptyline 100 mg/day while nursing her infant, levels of 83 to 141 ng/mL were detected in the mother's serum. Levels of 135 to 151 ng/mL were found in the breast milk, but no trace of the drug could be detected in the infant's serum.<br>Because of the potential for serious adverse reactions in nursing infants from amitriptyline, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.<br>Usage in Pediatric Patients<br>In view of the lack of experience with the use of this drug in pediatric patients, it is not recommended at the present time for patients under 12 years of age. |
| **Pregnancy Category** | C |

**Section 3. Composition / information on ingredients**

| **Component** | **Exposure Limit** | **CAS No.** |
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| **Principle Component:** | | |
| AMITRIPTYLINE HYDROCHLORIDE | Not Found | 549-18-8 |
| **Inactive ingredients:** | | |
| Lactose Monohydrate | Not Found | 64044-51-5 |
| Microcrystalline cellulose 102 | Not Found | 9004-34-6 |
| PREGELATINIZED STARCH 1500LM | Not Found | 9005-25-8 |
| CROSCARMELLOSE SODIUM | Not Found | 74811-65-7 |
| Colloidal Silicon dioxide | Not Found | 7631-86-9 |
| Magnesium Stearate | Not Found | 557-04-0 |
| OPADRY GREEN 03F5I0075 | Not Found | 13463-67-7, 4807-96-6 |
| OPADRY BROWN 03F565160 | Not Found | Not Available |
| OPADRY BLUE 03F505099 | Not Found | 13463-67-7, 4807-96-6 |
| OPADRY ORANGE 03F530075 | Not Found | 13463-67-7, 14807-96-6 |
| OPADRY BEIGE 03F570046 | Not Found | 13463-67-7, 14807-96-6 |

| **Section 4. First -aid measures** | |
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| **General** | • **After inhalation:** Move to fresh air in case of accidental inhalation. assure fresh air breathing.<br>• **After skin contact:** Rinse skin with water/shower<br>• **After eye contact:** Rinse with water while holding the eyes wide open. Contact lenses should be removed.<br>• **After swallowing:** Rinse mouth out with water<br>• **Information for doctor:**<br>• **Most important symptoms and effects, both acute and delayed-** No further relevant information available.<br>• **Indication of any immediate medical attention and special treatment needed-** No further relevant information available. |
| Overdose Treatment | Obtain an ECG and immediately initiate cardiac monitoring. Protect the patient's airway, establish an intravenous line and initiate gastric decontamination. A minimum of six hours of observation with cardiac monitoring and observation for signs of CNS or respiratory depression, hypotension, cardiac dysrhythmias and/or conduction blocks, and seizures is necessary. If signs of toxicity occur at any time during the period extended monitoring is required. There are case reports of patients succumbing to fatal dysrhythmias late after overdose; these patients had clinical evidence of significant poisoning prior to death and most received inadequate gastrointestinal decontamination. Monitoring of plasma drug levels should not guide management of the patient.<br>Gastrointestinal Decontamination<br>All patients suspected of tricyclic antidepressant overdose should receive gastrointestinal decontamination. This should include, large volume gastric lavage followed by activated charcoal. If consciousness is impaired, the airway should be secured prior to lavage. EMESIS IS CONTRAINDICATED |

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| **Section 5. Fire -fighting measures** | |
| | **Extinguishing media**<br>· **Suitable extinguishing agents:** Use extinguishing media appropriate for surrounding fire. Extinguishing blanket. Carbon dioxide. Dry powder<br>**Special hazards arising from the substance or mixture**<br>Stable under normal conditions.<br>· **Advice for firefighters**<br>Small amounts: Use normal individual fire protective equipment. Large amounts: Not<br>· **Protective equipment:**<br>Hand protection : Gloves Skin and<br>body protection : Lab coat<br>Respiratory protection : Quarter mask (DIN EN 140) |
| **Specific hazards arising from the chemical** | No additional information available |
| **Special protective equipment and precautions for firefighters** | Use normal individual fire protective equipment |
| **General fire hazards** | No unusual fire or explosion hazards noted |
| **Section 6. Accidental Release Measures** | |
| **Personal precautions, protective equipment and emergency procedures** | Avoid raising dust. Wear suitable protective clothing, gloves and eye or face protection. |
| **Environmental precautions:** | No additional information available |
| **Methods and material for containment and cleaning up:** | Sweep spilled substance into containers; if appropriate, moisten first to prevent dusting. Ensure waste is collected and contained. Clean thoroughly. Poorly soluble in water. Clean with the help of detergents. |
| **Section 7. Handling and Storage** | |
| **Storage:** | Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature].<br>Dispense in a tight, light-resistant container.<br><br>**Precautions for safe handling**: Keep it dry & in a cool, well ventilated place away from heat. Store in original container<br>**Information about fire - and explosion protection:** No special measures required. |

## Section 8. Exposure controls / personal protection

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| **Respiratory Protection** | Quarter mask (DIN EN 140) |
| **Skin protection** | For prolonged or repeated skin contact use suitable protective gloves. |
| **Eye/face protection** | If contact is likely, safety glasses with side shields are recommended. |
| **Protective Clothing** | Protective clothing is not normally necessary, however it is good practice to use apron. |
| **Biological limit values** | No biological exposure limits noted for the ingredient(s). |
| **Exposure guidelines** | General ventilation normally adequate. |
| **Thermal hazards** | Wear appropriate thermal protective clothing, when necessary. |
| **General hygiene considerations** | Keep away from foodstuffs, beverages and feed.<br>Wash hands before breaks and at the end of work.<br>Routinely wash work clothing and protective equipment to remove contaminants. For advice on suitable monitoring methods, seek guidance from a qualified environment, health and safety professional. |
| **Engineering controls** | Engineering controls should be used as the primary means to control exposures. General room ventilation is adequate unless the process generates dust, mist or fumes. Keep airborne contamination levels below the exposure limits listed above in this section. |

## Section 9. Physical and chemical properties

**Appearance**

Description of **Amitriptyline Hydrochloride Tablets, USP, 10 mg** is White to off white colored round shaped, biconvex film coated tablets debossed with "ZA" over "l" on one side and plain on other side.

Description of **Amitriptyline Hydrochloride Tablets, USP ,25 mg** is Light green colored round shaped, biconvex film coated tablets debossed with "ZA" over "2" on one side and plain on other side.

Description of **Amitriptyline Hydrochloride Tablets, USP ,50 mg** is Brown colored round shaped, biconvex film coated tablets debossed with "ZA" over "3" on one side and plain on other side.

Description of **Amitriptyline Hydrochloride Tablets, USP, 75 mg** is Light blue colored round shaped, biconvex film coated tablets debossed with "12" over "28" on one side and plain on other side.

Description of **Amitriptyline Hydrochloride Tablets, USP, 100 mg** is Orange colored round shaped, biconvex film coated tablets debossed with "12" over "29" on one side and plain on other side.

Description of **Amitriptyline Hydrochloride Tablets, USP, 150 mg** is Cream to beige colored modified capsule shaped, biconvex film coated tablets debossed with "1230" on one side and plain on other side.

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| **Solubility** | Not available | **Odour** | Not available. |
| **Boiling point** | Not available. | **Melting Point** | Not available. |
| **Evaporation rate** | Not available. | **Vapour density** | Not available. |
| **Reactivity in water** | Not available. | **Vapour pressure** | Not available. |
| **% Volatile by volume** | Not available. | **Specific gravity** | Not available. |

## Section 10. Stability and Reactivity

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| **Conditions to avoid** | Contact with incompatible materials. |
| **Stable** | **Reactivity**<br>The product is stable and non-reactive under normal conditions of use, storage and transport. |
| **Chemical stability** | Material is stable under normal conditions. |
| **Hazardous reactions** | No dangerous reaction known under conditions of normal use. |
| **Decomposition products** | When heated to decomposition, emits dangerous fumes. |
| **Incompatible materials** | Strong Oxidizing agent |

## Section 11. Toxicological information

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| **General** | Handling of formulated product is not expected to cause any toxicological affects. The data pertains to the ingredient in formulations, rather than this specie formulation. |
| **Ingestion** | Health injuries are not known or expected under normal use. Expected to be a low ingestion hazard. However, ingestion is not likely to be a primary route of occupational exposure. |
| **Other** | Not Available |
| **Symptoms related to the physical, chemical and Toxicological characteristics** | Not available |

**Information on toxicological effects**

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| **Acute toxicity** | Not available |
| **Further information** | Not available |

## Section 12. Ecological information

Poorly soluble in water. No data available on ecotoxicity.

## Section 13. Disposal Consideration

Dispose the waste in accordance with all applicable Federal, State and local laws.

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| **Section 14. Transport Information** | |
| | The product is not hazardous when shipping via air (IATA), ground (DOT), or sea (IMDG). In accordance with ADR / RID / IMDG / IATA / ADN |
| **Section 15. Regulatory Information** | |
| | Generic Medicine. Under Approval by USFDA & the ANDA Number is 210086 |
| **Section 16. Other information** | |
| | None |

**Date of issue: 16/11/17** **Supersedes edition:** New Edition

The information contained herein is based on the state of our knowledge. It characterizes the product with regard to the appropriate safety precautions. It does not represent a guarantee of the properties of the product.