Section 1: Identification

Common Name/Trade Name	BUPROPION HYDROCHLORIDE	
Supplier Information	Letco Medical, LLC 1316 Commerce Drive NW Decatur, AL 35601 1 (800) 239-5288 +1 (734) 843-4693	**IN CASE OF EMERGENCY:** Chemtrec 1 (800) 424-9300 **(24 hours)** NSW Poisons Information Centre: 131 126 (24 hours)
Distributor Name	Bella Corp Trading Pty Ltd 6/34 Dominions Road, Ashmore QLD 4214, Australia Telephone: 07 5597 4169 Email: bellacorp@bellacorp.com.au	
Product Synonym(s)	C13-H18-Cl-N-O; ClC6H4COC(CH3)NHC(CH3)3; (+/-)-alpha-tert-butylamino-3-chloropropiophenone hydrochloride; (+/-)-2-(tert-butylamino)-3'-chloropropiophenone hydrochloride; m-chloro-alpha-(tertbutylamino) propiophenone hydrochloride; amfebutamone hydrochloride; 1-propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-, hydrochloride, (+/-)-; Budeprion; Prexaton; Elontril; Aplenzin; Zyban; Voxra; Wellbatrin; Wellbutrin; propiophenone, 2-(tert-butylmino)-3'-chloro-, hydrochloride, (+/-)-; antidepressant	
Relevant Use(s) of Product	Manufacture or Compounding of Substances	

Section 2: Hazards Identification

Classification of Substance or Mixture	Acute toxicity, Oral (Category 4), Skin Corrosion/Irritation Category 3, Sensitization (Skin) Category 1	
Signal Word	Warning	
Hazard Statement(s)	H302 H316 H317	Harmful if swallowed Causes mild skin irritation May cause an allergic skin reaction
Pictogram(s)		
Precautionary Statement(s)	P261 P264 P270 P280 P301+P312 P302+P352 P330 P332+P313 P362 P501	Avoid breathing dust/fume/gas/mist/vapours/spray. Wash hands thoroughly after handling. Do not eat, drink or smoke when using this product. Wear protective gloves/protective clothing/eye protection/face protection. IF SWALLOWED Call a POISON CENTER or doctor/physician if you feel unwell. IF ON SKIN Wash with soap and water. Rinse mouth. If skin irritation occurs Get medical advice/attention. Take off contaminated clothing and wash before reuse. Dispose of contents/container to an approved waste disposal plant.
Hazards Not Otherwise Classified	No data available	
Ingredient(s) with Unknown Toxicity	No data available	

Section 3: Composition/Information on Ingredients

Chemical Name	Bupropion Hydrochloride
Common Name	Bupropion Hydrochloride
CAS Number	31677-93-7
Impurities and/or Stabilizing Additives	No data available

Section 4: First Aid Measures

General Advice	Consult a physician. Show this safety data sheet to the doctor in attendance.
If Inhaled	If dust is inhaled, remove from contaminated area. Encourage patient to blow nose to ensure clear passage of breathing. If irritation or discomfort persists seek medical attention.
In Case of Skin Contact	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.
In Case of Eye Contact	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.
If Swallowed	IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. For advice, contact a Poisons Information Centre or a doctor. Urgent hospital treatment is likely to be needed. In the meantime, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise: INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means.
Most Important Symptoms and Effects	Indication of any immediate medical attention and special treatment needed. The material exhibits similar pharmacology to the tricyclic antidepressants. for stimulants: Treatment and Management. A specific antidote does not exist for acute stimulant intoxication. Activated charcoal should be prescribed in a case of acute overdose. Otherwise the treatment should target specific signs and symptoms such as hypertension, agitation, seizures, and hyperthermia. Rapid supportive treatment may reduce mortality. Supportive therapy Acute intoxication usually presents with increased sensitivity to sensorial stimuli and paranoia. As such, decreasing the patient's level of stimulation (keep voice low, dim lights, minimise touch) and working with the patient's paranoid state (reduce eye contact, respect personal space, do not approach from behind) is important. As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination). Decontamination with gastric lavage may be appropriate in cases of recent ingestion. Monitor vital signs and hydrate with intravenous fluids. Withdrawal related insomnia may be treated with trazodone (75-200 mg), hydroxyzine (25-50 mg), or diphenhydramine (50-100 mg) at bedtime. Benzodiazepines should be avoided unless the patient is also in detox from alcohol/benzodiazepines/opiates. Neuroleptics may be used for the symptomatic treatment of psychosis. Physical restraints may be required in certain cases. Common withdrawal symptoms may include dysphoria, anxiety, and irritability, decreased energy (manifested as reported fatigue, psychomotor retardation and hypersomnia), hyperphagia, decreased concentration, and paranoia.

Section 5: Fire Fighting Measures

Suitable Extinguishing Media	Water spray or fog. Foam. Dry chemical powder. BCF (where regulations permit).
Special Hazards Arising From the Substance/Mixture	Avoid contamination with oxidizing agents i.e. nitrates, oxidizing acids, chlorine bleaches, pool chlorine etc. as ignition may result 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. Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary 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. Combustion products include: carbon monoxide (CO) carbon dioxide (CO_2) hydrogen chloride phosgene nitrogen oxides (NOx) other pyrolysis products typical of burning organic material.
Special PPE and/or Precautions for Firefighters	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.

Section 6: Accidental Release Measures

Personal Precautions, Protective Equipment and Emergency Procedures	See section 8.
Methods and Materials Used for Containment	See section 12.
Cleanup Procedures	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. Major Spills: 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.

Section 7: Handling and Storage

Precautions for Safe 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. Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) Minimize airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. Establish good housekeeping practices. Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
Conditions for Safe Storage	Packaging as recommended by manufacturer. Check that containers are clearly labelled. Tamper-proof containers. Polyethylene or polypropylene containers. Glass container is suitable for laboratory quantities Avoid reaction with oxidizing agents.

Section 8: Exposure Controls/Personal Protection

Components with Workplace Control Parameters	Not available. Occupational Exposure Banding Rating: E, Occupational Exposure Band Limit: </= 0.01 mg/m3. Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.
Appropriate Engineering Controls	Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past). Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation. HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. Barrier protection or laminar flow cabinets should be considered for laboratory scale handling. A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.
PPE - Eye/Face Protection	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.
PPE - Skin Protection	The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material cannot be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. Double gloving should be considered. PVC gloves. 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. 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.
PPE - Body Protection	The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material cannot be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. Double gloving should be considered. PVC gloves. 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. 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.
PPE - Respiratory Protection	Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z 88 or national equivalent). up to 10 x ES P1 Air-line* Powdered Air Respirator: PAPR-P1. Up to 50 x ES Half Face Respirator Air-line **, Full-Face Respirator:: P2, Powdered Air Respirator: PAPR-P2. up to 100 x ES Full-Face Respirator P3. 100+ x ES Full Face Respirator Air-line** Powdered Air Respirator PAPR-P3. - Negative pressure demand ** - Continuous flow A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65°C) Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures. The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option). Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended. Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program. Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US).

Section 9: Physical and Chemical Properties

Appearance	Crystalline solid;
Upper/Lower Flammability or Explosive Limits	No data available
Odor	No data available
Vapor Pressure	No data available
Odor Threshold	No data available
Vapor Density	(Air=1): >1
pH	Not Applicable
Relative Density	No data available
Melting Point/Freezing Point	Melting point/freezing point (C): 233 - 234°C
Solubility	Solubilities (mg/ml): water 312, alcohol 193, 0.1 N HCl 333. Miscible in water.
Initial Boiling Point and Boiling Range	No data available
Flash Point	No data available
Evaporation Rate	No data available
Flammability (Solid, Gas)	No data available
Partition Coefficient	No data available
Auto-Ignition Temperature	No data available
Decomposition Temperature	No data available
Viscosity	No data available

Section 10: Stability and Reactivity

Reactivity	See section 7
Chemical Stability	Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerization will not occur.
Possibility of Hazardous Reactions	See section 7.
Conditions to Avoid	See section 7.
Incompatible Materials	See section 7.
Hazardous Decomposition Products	See section 5.

Section 11: Toxicological Information

Acute Toxicity - LD50 Oral	Oral (Rat) LD50; 482 mg/kg[2]
Acute Toxicity - Inhalation	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Acute Toxicity - Dermal	May cause an allergic skin reaction. Causes mild skin irritation.
Acute Toxicity - Eye	No data available. May cause eye irritation.
Skin Corrosion/Irritation	May cause an allergic skin reaction. Causes mild skin irritation. Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). PHOTOSENSITISER: Certain individuals working with this substance may show an abnormally heightened or allergic reaction of the skin to the influence of sunlight.
Serious Eye Damage/Irritation	Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may cause transient discomfort characterized by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.
Respiratory or Skin Sensitization	Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma.
Germ Cell Mutagenicity	No data available
Carcinogenicity IARC	No data available
Carcinogenicity ACGIH	No data available
Carcinogenicity NTP	No data available
Carcinogenicity OSHA	No data available
Reproductive Toxicity	No data available
Specific Target Organ Toxicity - Single Exposure	No data available
Specific Target Organ Toxicity - Repeated Exposure	No data available
Aspiration Hazard	No data available

Section 12: Ecological Information

Toxicity	No data available
Persistence and Degradability	HIGH
Bio-accumulative Potential	MEDIUM (Log/KOW=3.8544
Mobility in Soil	LOW (KOC=1013)
Other Adverse Effects	No data available

Section 13: Disposal Considerations

Waste Treatment Methods Product	Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise: If container cannot be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. Where possible retain label warnings and SDS and observe all notices pertaining to the product. Valuable substance, hold all residues for recovery. Disposal of the material must be carried out in accordance with the requirements of the relevant Federal/State Act(s) or Code(s) regulating the disposal of Drugs of Addiction. Consult manufacturer/supplier for recycling options. Decontaminate empty containers with water; incinerate plastic bags. 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. 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.
Waste Treatment Methods Packaging	Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise: If container cannot be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. Where possible retain label warnings and SDS and observe all notices pertaining to the product. Valuable substance, hold all residues for recovery. Disposal of the material must be carried out in accordance with the requirements of the relevant Federal/State Act(s) or Code(s) regulating the disposal of Drugs of Addiction. Consult manufacturer/supplier for recycling options. Decontaminate empty containers with water; incinerate plastic bags. 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. 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.
Special Precautions Landfill or Incinerations	No data available
Other Information	No data available

Section 14: Transport Information

UN Number	Not dangerous goods
UN Proper Shipping Name	N/A
Transport Hazard Class(es)	N/A
Packaging Group	N/A
Environmental Hazards	N/A

Section 15: Regulatory Information

National Inventory Status: Australia - AIIC / Australia Non-Industrial Use No (bupropion hydrochloride) Canada - DSL No (bupropion hydrochloride) Canada - NDSL No (bupropion hydrochloride) China - IECSC No (bupropion hydrochloride) Europe - EINEC / ELINCS / NLP Yes Japan - ENCS No (bupropion hydrochloride) Korea - KECI No (bupropion hydrochloride) New Zealand - NZIoC No (bupropion hydrochloride) Philippines - PICCS No (bupropion hydrochloride) USA - TSCA No (bupropion hydrochloride) Taiwan - TCSI Yes Mexico - INSQ Yes Vietnam - NCI No (bupropion hydrochloride) Russia - FBEPH No (bupropion hydrochloride) Legend: Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

Section 16: Other Information

Additional Information	N/A
Prepared By	Scarlotte Smith
Revision Date	03/01/2023 14:36

Disclaimer

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