

Moxifloxacin Hydrochloride

sc-205758

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

Moxifloxacin Hydrochloride

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Santa Cruz Biotechnology, Inc.
2145 Delaware Avenue
Santa Cruz, California 95060
800.457.3801 or 831.457.3800

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

C21-H24-F-N3-O4.HCl, "1-cyclopropyl-7-[(1S, 6S)-2, 8-diazabicyclo[4.3.0]non-8-yl]-6-fluoro-", "8-methoxy-4-oxo-quinoline-3-carboxylic acid hydrochloride", "7-[(4aS, 7aS)-1, 2, 3, 4, 4a, 5, 7, 7a-octahydropyrrolo[3, 4-b]pyridin-6-", "yl]-1-cyclopropyl-6-fluoro-8-methoxy-4-oxoquinoline-3-carboxylic acid", hydrochloride, Avalox, Avelox, "BAY 12-8039", Izlox, Moxitec, Vigamox, "fluoroquinolone fluoroquinolone fluorinated quinolone quinoline", "antibacterial/ antifungal/ antibiotic"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

		Min	Max
Flammability:	1		
Toxicity:	2		
Body Contact:	3		
Reactivity:	1		Min/Nil=0 Low=1 Moderate=2 High=3 Extreme=4
Chronic:	2		



CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

May cause SENSITISATION by inhalation and skin contact.
Harmful by inhalation, in contact with skin and if swallowed.
Irritating to eyes, respiratory system and skin.

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.
- Possible side effects of moxifloxacin therapy include gastrointestinal tract disturbances (nausea, vomiting, anorexia, bloating, abdominal pain, diarrhea, and pseudomembranous colitis caused by *Clostridium difficile*), skin reactions (also Stevens-Johnson syndrome), rhabdomyolysis, and serious heart problems (prolonged QT interval and torsade's de pointers). Development of resistance has been noticed as well as rare cases of hepatotoxicity and seizures.
- Fluoroquinolones have been associated with kidney damage, effects after exposure to UV light, seizures, changes in blood sugar levels (especially in diabetics), and crystal formation in the urine. They can also cause disease in the joints.

EYE

- This material can cause eye irritation and damage in some persons.
- If applied to the eyes, this material causes severe eye damage.
- Phototoxic agents such as sulfonamides can cause inflammation of the conjunctiva and cornea, and clouding.

SKIN

- Skin contact with the material may be harmful; systemic effects may result following absorption.
- This material can cause inflammation of the skin on contact 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.
- Exposure to this product can cause sensitization of skin under sunlight. The product can reach the skin via the bloodstream either if swallowed or ingested.

INHALED

- Inhalation of dusts, generated by the material, during the course of normal handling, 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.
- Clinical signs of quinoline intoxication include lethargy, respiratory distress and prostration leading to coma.

CHRONIC HEALTH EFFECTS

- Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. 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.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
moxifloxacin hydrochloride	354812-41-2	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

· IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. · 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: · Immediately hold eyelids apart and flush the eye continuously with 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.

Approximately 52% of oral or intravenous dose is metabolized via glucuronide and sulfate conjugation. The cytochrome P450 system is not involved in metabolism. The sulfate conjugate accounts for 38% of the dose, and the glucuronide conjugate accounts for 14% of the dose.

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

· Foam.
· Dry chemical powder.

FIRE FIGHTING

· Alert Emergency Responders and tell them location and nature of hazard.
· Wear breathing apparatus plus protective gloves.

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 fluoride, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.
May emit poisonous fumes.
May emit corrosive fumes.

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

· 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

- 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

- Store in original containers.
- Store at 4° C.
- Keep containers securely sealed.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- moxifloxacin hydrochloride: CAS:354812-41-2

PERSONAL PROTECTION



RESPIRATOR

- Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, 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

- 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, AS/NZS 2161.1 or national equivalent).

- 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, AS/NZS 2161.10.1 or national equivalent) 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, AS/NZS 2161.10.1 or national equivalent) 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.
- Double gloving should be considered.
- PVC gloves.
- Protective shoe covers. [AS/NZS 2210]
- 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
- fluorocarbon
- 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.
- Eye 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.

State	Divided solid	Molecular Weight	437.9
Melting Range (°F)	615- 617	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	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)	>1
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

APPEARANCE

Off-white to yellow powder; Soluble in water.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

moxifloxacin hydrochloride

TOXICITY AND IRRITATION

MOXIFLOXACIN HYDROCHLORIDE:

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

■ Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's edema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type.

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.

Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms.

Attention should be paid to atopic diathesis, characterized by increased susceptibility to nasal inflammation, asthma and eczema.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

No data

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
moxifloxacin hydrochloride	No Data Available	No Data Available		

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

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: DOT, IATA, IMDG

Section 15 - REGULATORY INFORMATION

No data for moxifloxacin hydrochloride (CAS: , 354812-41-2)

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

■ Cumulative effects may result following exposure*.

* (limited evidence).

Reasonable care has been taken in the preparation of this information, but the author makes no warranty of merchantability or any other warranty, expressed or implied, with respect to this information. The author makes no representations and assumes no liability for any direct, incidental or consequential damages resulting from its use. For additional technical information please call our toxicology department on +800 CHEMCALL.

■ 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.

This document is copyright. Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH. TEL (+61 3) 9572 4700.

Issue Date: Sep-20-2010

Print Date: Aug-17-2011