

Lopinavir

sc-207831



The Power is Question

Material Safety Data Sheet

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Lopinavir

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Company: Santa Cruz Biotechnology, Inc.

Address:

2145 Delaware Ave

Santa Cruz, CA 95060

Telephone: 800.457.3801 or 831.457.3800

Emergency Tel: CHEMWATCH: From within the US and
Canada: 877-715-9305

Emergency Tel: From outside the US and Canada: +800 2436
2255 (1-800-CHEMCALL) or call +613 9573 3112

PRODUCT USE

Antiretroviral of the protease inhibitor class. Administered alone, lopinavir has insufficient bioavailability; however, like several HIV protease inhibitors, its blood levels are greatly increased by low doses of ritonavir, a potent inhibitor of cytochrome P450 3A4

SYNONYMS

C37H48N4O5, "(2S)-N-[(2S, 4S, 5S)-5-[2-(2, 6-dimethylphenoxy)aceta", "(2S)-N-[(2S, 4S, 5S)-5-[2-(2, 6-dimethylphenoxy)aceta", mido]-, "4-hydroxy-1, 6-diphenylhexan-2-yl]-3-methyl-2-(2-ox", "4-hydroxy-1, 6-diphenylhexan-2-yl]-3-methyl-2-(2-ox", "o-1, 3-diazinan-1-yl)butanamide", "o-1, 3-diazinan-1-yl)butanamide", "[1S-[1R*(R*), 3R*, 4R*]]-N-[4-[(2, 6-dimethylphenoxy)acetyl]amino]-3-", "hydroxy-5-phenyl-1-(phenylmethyl)pentyl] tetrahydro-alpha-(1-", methylethyl)-2-oxo-1(2H)-pyrimidineacetamide., "[1S-[1R*(R*), 3R*, 4R*]]-N-[4-[(2, 6-dimethylphenoxy)acetyl]amino]-3-", "hydroxy-5-phenyl-1-(phenylmethyl)pentyl] tetrahydro-alpha-(1-", methylethyl)-2-oxo-1(2H)-pyrimidineacetamide., Aluvia, Kaletra, "antiretroviral AIDS/ HIV protease inhibitor"

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful by inhalation, in contact with skin and if swallowed.

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.
- Common side effects of treatment with HIV-I protease inhibitors (PI) include diarrhoea, nausea, vomiting, gastrointestinal discomfort, headache, asthenia, fatigue and taste disturbances. Renal calculi (nephrolithiasis) are seen on occasion. Patients receiving highly active antiretroviral therapy (HAART), generally a combination of reverse transcriptase and protease inhibitors, frequently develop lipodystrophy with elevated levels of serum cortisol, lowered levels of serum DHEA (dehydroepiandrosterone) and increased levels of atherogenic lipids (important in the pathogenesis of arteriosclerosis). In one study researchers have also identified lipid abnormalities associated with coronary heart disease, along with alterations in glucose and insulin metabolism amongst patients undergoing HAART. A substantial percentage (71%) of PI-treated patients had hyperlipidaemia compared with only 24% of PI-naive patients. Amongst PI-treated patients, 44% had isolated hypertriglyceridaemia, 7% had type V hyperlipidaemia, 37% had type IV hyperlipidaemia, 36% type IIb hyperlipidaemia, and 18% had isolated hypercholesterolaemia. Fat redistribution and metabolic abnormalities are commonly seen in patients undergoing PI therapies. Up to 83% of individuals taking PIs develop excess belly fat and skinnier arms, legs and faces. A further study found that subcutaneous fat wasting developed in 54% of PI-treated patients compared with 13% of PI-naive patients. The rate of progression to fat wasting was significantly increased with advancing age and white race; earlier therapy with reverse transcription inhibitors also produced an accelerated effect. Another study, however, questions the subjective analysis of such findings and proposes that fat depletion (lipoatrophy/ lipodystrophy) and redistribution does not occur in HIV-therapy. There is support for the idea that changes in lipid and glucose metabolism, after initiation of PI therapy, are a result of central fat accumulation, per se, as central fat accumulation has been postulated to induce glucose intolerance and hyperlipidaemia in HIV-negative populations. PI-treatment has been associated with a higher rate of diabetes mellitus, impaired glucose tolerance, hyperinsulinaemia and early hypersecretion of proinsulin. A pilot study found that 46% of HIV-infected patients receiving PIs had impaired glucose intolerance, a predictor of future diabetes development. PI-treated patients had a higher and prolonged output of insulin during the [oral glucose tolerance test - OGTT] with delayed peak concentrations in the second phase of the test. In contrast, PI-naive patients responded with rapid insulin release in the first phase of OGTT after glucose ingestion.

EYE

- Although the material is not thought to be an irritant, 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.

SKIN

- Skin contact with the material may be harmful; systemic effects may result following absorption.
- The material is not thought to be a skin irritant (as classified using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.
- 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.

INHALED

- Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.
- The material is not thought to produce respiratory irritation (as classified using animal models). Nevertheless inhalation of dusts, or fume, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.
- 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

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

Angiolipomas (benign neoplasms of fatty tissue containing a proliferation of, often dilated, blood vessels) may represent a complication of protease-inhibitor (PI) therapy. A lipodystrophy syndrome, characterised by peripheral lipoatrophy and central adiposity, as well as hyperlipidaemia and insulin resistance, develops in many HIV-infected patients undergoing PI therapy. Several cases of patients who developed symptomatic angiolipomas after starting PI-therapy have now been reported. Symptomatic appearance of the lesions followed initiation of PIs by many months. The time course is similar to that reported for the appearance of central fat redistribution after beginning protease inhibitors. One study revealed a higher than expected prevalence of premature carotid vessel lesions in a HIV-patient group treated with PIs for at least 12 months. The overwhelming difference between the percentages of acquired lesions reported for healthy individuals (6.7%) and two seropositive groups including PI-naive (14.9%) and PI-experienced (52.7%) patients indicates that HIV-I positive patients have a much higher risk of endothelial damage which becomes remarkable in the case of patients treated with PI-containing regimes for prolonged periods of time. Individuals exhibiting the acquired lesion may be at increased risk of developing arteriosclerosis and vascular dysfunction. A significant number of HIV-infected individuals develop type 2 diabetes within 18 months of undertaking PI therapy. Myocardial infarction has also reportedly been associated with PI therapy (after 24-29 months of treatment). Several cases of disfiguring striae (stretch marks) in HIV-patients using PIs have been described; these occurred within 3-months of the start of therapy. The development of resistance and subsequent loss of drug activity constitutes the primary barrier to long-term efficacious use of HIV-I protease inhibitors. Mutations within the protease gene have been described following use of current inhibitors.

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. Prime symptom is breathlessness; lung shadows show on X-ray.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

HAZARD RATINGS

	Min	Max
Flammability:	1	

Toxicity:	2	
Body Contact:	2	
Reactivity:	1	
Chronic:	2	

Min/Nil=0
 Low=1
 Moderate=2
 High=3
 Extreme=4



NAME	CAS RN	%
lopinavir	192725-17-0	>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:
 - For advice, contact a Poisons Information Center or a doctor.
 - Urgent hospital treatment is likely to be needed.
 - If conscious, give water to drink.
 - 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.

- In the mean time, 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 MSDS 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 MSDS.

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.
 - If pain persists or recurs seek medical attention.
 - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- 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.

INHALED

-
- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor.

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.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary edema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures .
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary edema.
- Hypotension with signs of hypovolemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.

- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

For HIV-proteinase inhibitors: Onset or aggravation of diabetes mellitus may require initiation or dose-adjustments of insulin or oral hypoglycaemic agents. Where diabetic ketoacidosis has occurred, hyperglycaemia may persist even after discontinuance of PI therapy.

Lopinavir is highly bound to plasma proteins (98-99%).

There are contradictory reports regarding lopinavir penetration into the CSF. Anecdotal reports state that lopinavir cannot be detected in the CSF; however, a study of paired CSF-plasma samples from 26 patients receiving lopinavir/ritonavir found lopinavir CSF levels above the IC50 in 77% of samples

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.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

FIRE FIGHTING

-
- Alert Emergency Responders 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 course.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

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.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

May emit poisonous 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.

- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.

AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR 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.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

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.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

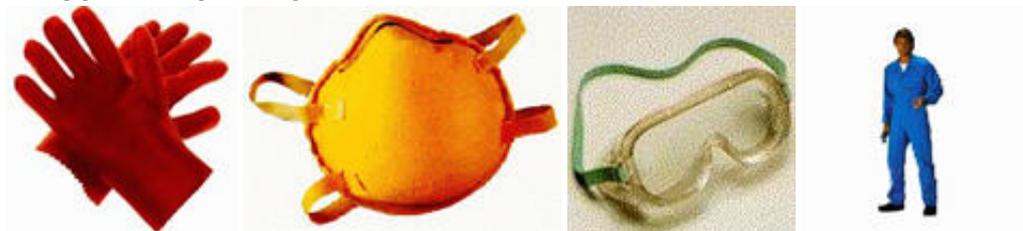
- lopinavir: CAS:192725-17-0

MATERIAL DATA

LOPINAVIR:

■ Airborne particulate or vapor 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).

PERSONAL PROTECTION



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

■ 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.
- 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
- fluorocautchouc
- 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
- - 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. 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.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
		Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

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.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapors, etc. evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

State	Divided Solid	Molecular Weight	628.81
Melting Range (°F)	255.2- 260.6	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)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not Applicable

APPEARANCE

White to light tan powder; does not mix well with water. Soluble in methanol, ethanol, isopropanol.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

-
- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

lopinavir

TOXICITY AND IRRITATION

- No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

LOPINAVIR:

- DO NOT discharge into sewer or waterways.

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.
- Dispose of by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

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

Section 15 - REGULATORY INFORMATION

No data for lopinavir (CAS: , 192725-17-0)

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 mixture 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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