### Oxaprozin

#### sc-215641

**Material Safety Data Sheet** 



The Power to Questio

Hazard Alert Code Key: EXTREME HIGH MODERATE LOW

#### Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

#### **PRODUCT NAME**

Oxaprozin

#### STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

# NFPA FLAMM BILITY HEALTH AZARD INST BLITY

#### **SUPPLIER**

Company: Santa Cruz Biotechnology, Inc. Company: Santa Cruz Biotechnology, Inc. Address: Address: 2145 Delaware Ave 2145 Delaware Ave Santa Cruz, CA 95060 Santa Cruz, CA 95060 United States of America Telephone: 800.457.3801 or 831.457.3800 Telephone: 800.457.3801 or 831.457.3800 Emergency Tel: CHEMWATCH: From within the US and Emergency Tel: ChemWatch Canada: 877-715-9305 Emergency Tel: From within the US and Canada: 877-Emergency Tel: From outside the US and Canada: 715-9305 From outside the US and Canada: 800-+800 2436 2255 (1-800-CHEMCALL) or call +613 2436-2255 (1-800-CHEMCALL) Or call 613-9573-9573 3112 3112

#### **PRODUCT USE**

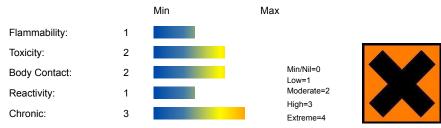
Analgesic and anti-inflammatory. A non-narcotic belonging to the non-steroidal anti-inflammatory class of drugs. Inhibits the synthesis of prostaglandins and is considered to be a peripherally acting analgesic. Given by mouth or intravenous injection.

#### **SYNONYMS**

C18-H15-N-O3, "2-oxazolepropanoic acid, 4, 5-diphenyl-, ", "2-oxazolepropionic acid, 4, 5-diphenyl-", "4, 5-diphenyl-2-oxazolepropionic acid", "4, 5-diphenyl-2-oxazolepropionic acid", "beta-(4, 5-diphenyl-oxazol-2-yl)propionic acid", WY-21743, Oxapro, "analgesic/anti-inflammatory NSAID"

#### **Section 2 - HAZARDS IDENTIFICATION**

#### **CHEMWATCH HAZARD RATINGS**



#### **CANADIAN WHMIS SYMBOLS**



## EMERGENCY OVERVIEW RISK

Harmful 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.
- Non-steroidal anti-inflammatory drug (NSAID) overdose may produce nausea, vomiting, indigestion and upper abdominal pain. Other effects may include drowsiness, dizziness, confusion, disorientation, lethargy, "pins and needles", intense headache, blurred vision, ringing in the ears, muscle twitching, convulsions, stupor and coma.

#### 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.

#### **SKIN**

- The material is not thought to be a skin irritant (as classified using animal models).
- Abrasive damage however, may result from prolonged exposures.
- Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
- 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**

■ The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified using animal models).

Nevertheless, adverse 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.

■ 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.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

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.

Prolonged use of non-steroidal analgesics damages the lining of the gastrointestinal tract, causing ulcers and bleeding. There may be diarrhea or constipation, perforations causing serious infection, and blood in the vomit or stools.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).

# NAME Oxaprozin Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS CAS RN % 21256-18-8 >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: · 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.

#### 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 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.

#### **NOTES TO PHYSICIAN**

■ Treat symptomatically.

for non-steroidal anti-inflammatories (NSAIDs)

- · Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.
- · Patients should be managed by symptomatic and supportive care following a NSAIDs overdose.
- · There are no specific antidotes.
- Emesis and/or activated charcoal (60 to 100 grams in adults, 1 to 2 g/kg in children), and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose).
- · Forced diuresis, alkalinisation of urine, hemodialysis, or haemoperfusion may not be useful due to high protein binding.

| 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

- $\cdot$  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), nitrogen oxides (NOx), 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:

Safety 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**

- · Packaging as recommended by manufacturer.
- · Check that containers are clearly labelled.
- · Tamper-proof containers.
- · Polyethylene or polypropylene containers.
- · Metal drum with sealed plastic liner.

Glass container.

#### STORAGE REQUIREMENTS

■ Observe manufacturer's storing and handling recommendations.

#### Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

#### **EXPOSURE CONTROLS**

The following materials had no OELs on our records

• oxaprozin: CAS:21256-18-8

#### PERSONAL PROTECTION



#### **RESPIRATOR**

• particulate.

#### **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
- · fluorocaoutchouc
- · 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.

Does not mix with water.

| 2000 Hot Hist Hitti Haton |               |                                |                 |
|---------------------------|---------------|--------------------------------|-----------------|
| State                     | Divided solid | Molecular Weight               | 293.33          |
| Melting Range (°F)        | 322- 325      | Viscosity                      | Not Applicable  |
| Boiling Range (°F)        | Not available | Solubility in water (g/L)      | Partly miscible |
| Flash Point (°F)          | Not available | pH (1% solution)               | Not available   |
| 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 off-white crystalline solid with faint odour and bitter taste; does not mix well with water (0.004%).

#### **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

oxaprozin

#### **TOXICITY AND IRRITATION**

OXAPROZIN:

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

TOXICITY IRRITATION

Oral (rat) LD50: 918 mg/kg \* Nil Reported

Oral (rat) LD50: 4470 mg/kg

Intraperitoneal (rat) LD50: 506 mg/kg

Subcutaneous (rat) LD50: 2910 mg/kg

Intravenous (rat) LD50: 82 mg/kg

Oral (mouse) LD50: 1210 mg/kg

Intraperitoneal (mouse) LD50: 376 mg/kg

Subcutaneous (mouse) LD50: 556 mg/kg

Intravenous (mouse) LD50: 93 mg/kg

Oral (dog) LD50: >2000 mg/kg Intraperitoneal (dog) LD50: 124 mg/kg

Intraperitoneal (dog) LD50: 124 mg/kg Subcutaneous (dog) LD50: >1000 mg/kg

Intravenous (dog) LD50: 124 mg/kg Oral (rabbit) LD50: 172 mg/kg

Intraperitoneal (rabbit) LD50: 248 mg/kg

Subcutaneous (rabbit) LD50: >1000 mg/kg

Intravenous (rabbit) LD50: 36 mg/kg

■ The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis). \*[Wveth]

In oncogenicity studies, oxaprozin administration for 2 years was associated with the exacerbation of liver neoplasms (hepatic adenomas and carcinomas) in male CD mice, but not in female CD mice or rats. The significance of this species-specific finding to man is unknown. Oxaprozin did not display mutagenic potential. No evidence of genetic toxicity or cell-transforming ability was found in test results from the Ames test, forward mutation in yeast and Chinese hamster ovary (CHO) cells, DNA repair testing in CHO cells, micronucleus testing in mouse bone marrow, chromosomal aberration testing in human lymphocytes, or cell transformation testing in mouse fibroblast.

Oxaprozin administration was not associated with impairment of fertility in male and female rats at oral doses up to 200mg/kg/day (1180 mg/m2/day); the usual human dose is 17 mg/kg/day, or (629 mg/m2/day). However, testicular degeneration was observed in beagle dogs treated with 37.5 to 150 mg/kg/day (750 to 3000 mg/m2/day) of oxaprozin for 6 months, or 37.5 mg/kg/day for 42 days, a finding not confirmed in other species. The clinical relevance of this finding is not known.

Teratology studies with oxaprozin were performed in mice, rats, and rabbits. In mice and rats, no drug-related developmental abnormalities were observed at 50 to 200 mg/kg/day of oxaprozin (225 to 900 mg/m2/day). However, in rabbits, infrequent malformed foetuses were observed in dams treated with 7.5 to 30mg/kg/day of oxaprozin (the usual human dosage range).

#### **Section 12 - ECOLOGICAL INFORMATION**

No data

**Ecotoxicity** 

Ingredient Persistence: Water/Soil Persistence: Air Bioaccumulation Mobility

oxaprozin HIGH No Data Available MED LOW

**GESAMP/EHS COMPOSITE LIST - GESAMP Hazard Profiles** 

Name / EHS TRN A1a A1b A1 A2 B1 B2 C1 C2 C3 D1 D2 D3 E1 E2 E3 Cas No / RTECS No

Fatty 226 278 5 0 (R) 0 NI (0) (0) (1) (1) (1) NI 2 acids, 1 0 linear C12+ saturated with C12+

unsaturat ed / CAS:21256 - 18-8 /

Legend: EHS=EHS Number (EHS=GESAMP Working Group on the Evaluation of the Hazards of Harmful Substances Carried by Ships) NRT=Net Register Tonnage, A1a=Bioaccumulation log Pow, A1b=Bioaccumulation BCF, A1=Bioaccumulation, A2=Biodegradation, B1=Acuteaquatic toxicity LC/ECIC50 (mg/l), B2=Chronic aquatic toxicity NOEC (mg/l), C1=Acute mammalian oral toxicity LD50 (mg/kg), C2=Acutemammalian dermal toxicity LD50 (mg/kg), C3=Acute mammalian inhalation toxicity LC50 (mg/kg), D1=Skin irritation & corrosion, D2=Eye irritation& corrosion, D3=Long-term health effects, E1=Tainting, E2=Physical effects on wildlife & benthic habitats,

E3=Interference with coastal amenities, For column A2: R=Readily biodegradable, NR=Not readily biodegradable. For column D3: C=Carcinogen, M=Mutagenic, R=Reprotoxic, S=Sensitising, A=Aspiration hazard, T=Target organ systemic toxicity, L=Lunginjury, N=Neurotoxic, I=Immunotoxic. For column E1: NT=Not tainting (tested), T=Tainting test positive. For column E2: Fp=Persistent floater, F=Floater, S=Sinking substances. The numerical scales start from 0 (no hazard), while higher numbers reflect increasing hazard. (GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships)

#### **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

oxaprozin (CAS: 21256-18-8) is found on the following regulatory lists;

"US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"

#### **Section 16 - OTHER INFORMATION**

#### LIMITED EVIDENCE

- Skin contact may produce health damage\*.
- Cumulative effects may result following exposure\*.
- May be harmful to the foetus/ embryo\*.
- \* (limited evidence).

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- 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.

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