

# Bufexamac

sc-227537



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

Bufexamac

### 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

C12-H17-N-O3, "acetohydroxamic acid, 2-(p-butoxyphenyl)-", "benzeneacetamide, 4-butoxy-N-hydroxy-", "bufexamic acid", "2-(4-butoxyphenyl)acetohydroxamic acid", "2-(p-(butyloxy)phenyl)acetohydroxamic acid", "4-butoxy-N-hydroxybenzeneacetamide", "p-butoxyphenylacetohydroxamic acid", CP-1044-J3, Droxarol, Droxaryl, Feximac, "Flogiced N Plastogel", J3, Malipurán, Mofenar, Norfemac, Parfenac, Parfenal, "analgesic/ antipyretic/ anti-inflammatory"

## Section 2 - HAZARDS IDENTIFICATION

### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability:	1	
Toxicity:	2	
Body Contact:	1	
Reactivity:	1	
Chronic:	2	

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



### CANADIAN WHMIS SYMBOLS



## EMERGENCY OVERVIEW

### RISK

May cause SENSITISATION by skin contact.  
Possible risk of harm to the unborn child.

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

#### SWALLOWED

- Accidental ingestion of the material may be damaging 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 produce adverse health effects or skin irritation following contact (as classified using animal models). Nevertheless, 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

- 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

- Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population. Results in experiments suggest that this material may cause disorders in the development of the embryo or fetus, even when no signs of poisoning show in the mother. 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. 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. Animal experiments indicate that the substance may be foetotoxic; stunted growth occurred at lower oral dosages and foetal deaths were reported at higher levels.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
bufexamac	2438-72-4	>98

## Section 4 - FIRST AID MEASURES

#### SWALLOWED

· If swallowed do NOT induce vomiting. · If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

#### 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.

For local allergic reaction consider applying a topical antihistamine or corticosteroid [Continental Pharma Inc]

Absorption from the gut is rapid. About 75% of the dose is excreted as the conjugate, probably the glucuronide. about 6% is excreted as a conjugate of 4-butoxyphenylacetic acid and less than 1% as free bufemax or 4-butoxyphenylacetic acid. Peak excretion is between 3 and 6 hours with excretion complete by 24 hours.

## 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 (CO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), 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

- Observe manufacturer's storing and handling recommendations.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m <sup>3</sup>	STEL ppm	STEL mg/m <sup>3</sup>	Peak ppm	Peak mg/m <sup>3</sup>	TWA F/CC	Notes
Canada - Quebec Permissible Exposure Values for Airborne Contaminants (English)	bufexamac (Particulates Not Otherwise Classified (PNOC))		10						
US ACGIH Threshold Limit Values (TLV)	bufexamac (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable particles)		10						See Appendix B current TLV/BEI Book
US ACGIH Threshold Limit Values (TLV)	bufexamac (Particles (Insoluble or Poorly Soluble) [NOS] Respirable particles)		3						See Appendix B current TLV/BEI Book
Canada - Nova Scotia Occupational Exposure Limits	bufexamac (Particles (Insoluble or Poorly Soluble) [NOS] Respirable particles)		3						See Appendix B current TLV/BEI Book
US - Washington Permissible exposure limits of air contaminants	bufexamac (Particulates not otherwise regulated - Total particulate)		10		20				
US - Washington Permissible exposure limits of air contaminants	bufexamac (Particulates not otherwise regulated - Respirable fraction)		5		10				
Canada - Nova Scotia Occupational Exposure Limits	bufexamac (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable particles)		10						See Appendix B current TLV/BEI Book

ENDOELTABLE

### PERSONAL PROTECTION



## RESPIRATOR

- particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

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], [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
- 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.

## 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.

State	Divided solid	Molecular Weight	223.3
Melting Range (°F)	311- 307 (decomp)	Viscosity	Not Applicable
Boiling Range (°F)	Not applicable	Solubility in water (g/L)	Immiscible
Flash Point (°F)	Not available	pH (1% solution)	Not available
Decomposition Temp (°F)	311	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

Almost colourless pearly flakes; do not mix with water.

### Section 10 - CHEMICAL STABILITY

#### CONDITIONS CONTRIBUTING TO INSTABILITY

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

#### STORAGE INCOMPATIBILITY

- Avoid strong acids, bases.
- Avoid reaction with oxidizing agents.

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

### Section 11 - TOXICOLOGICAL INFORMATION

bufexamac

#### TOXICITY AND IRRITATION

BUFEXAMAC:

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

TOXICITY	IRRITATION
Oral (rat) LD50: 3370 mg/kg	Skin (rabbit): 750 mg/30d(l) Mild
Intraperitoneal (rat) LD50: 805 mg/kg	

Subcutaneous (mouse) LD50: >5000 mg/kg

- 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.

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.

Hamster ovary-cell mutagen in vitro

\*Teratogenicity was not demonstrated in rat and rabbit studies at 500 mg/kg. [Continental Pharma Inc]

### Section 12 - ECOLOGICAL INFORMATION

No data

#### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
bufexamac	HIGH	No Data Available	LOW	MED

### 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

## Section 16 - OTHER INFORMATION

### LIMITED EVIDENCE

- Ingestion may produce health damage\*.
- Cumulative effects may result following exposure\*.

\* (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](http://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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