

# Ilium Methadone injection

## Troy Laboratories Pty Ltd

Chemwatch Hazard Alert Code: 2

Chemwatch: 5394-79

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Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

L.GHS.AUS.EN.E

### SECTION 1 Identification of the substance / mixture and of the company / undertaking

#### Product Identifier

Product name	Ilium Methadone injection
Chemical Name	Not Applicable
Synonyms	APVMA numbe: 63712
Chemical formula	Not Applicable
Other means of identification	Not Available

#### Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	For analgesia and restraint in horses, and analgesia and anaesthetic premedication in dogs and cats. To be used as directed on product label.
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#### Details of the manufacturer or supplier of the safety data sheet

Registered company name	Troy Laboratories Pty Ltd
Address	37 Glendenning Road Glendenning NSW 2761 Australia
Telephone	02 8808 3600
Fax	02 9677 9300
Website	<a href="http://www.Troylab.com.au">www.Troylab.com.au</a>
Email	admin@troylab.com.au

#### Emergency telephone number

Association / Organisation	Ixom Emergency Response Service
Emergency telephone number(s)	1800 033 111 (24 hours)
Other emergency telephone number(s)	Not Available

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

Poisons Schedule	S8
Classification <sup>[1]</sup>	Sensitisation (Skin) Category 1, Sensitisation (Respiratory) Category 1, Reproductive Toxicity Category 1B, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

#### Label elements

Hazard pictogram(s)	
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## Ilium Methadone injection

Signal word **Danger**

## Hazard statement(s)

<b>H317</b>	May cause an allergic skin reaction.
<b>H334</b>	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
<b>H360Df</b>	May damage the unborn child. Suspected of damaging fertility.
<b>H412</b>	Harmful to aquatic life with long lasting effects.

## Precautionary statement(s) Prevention

<b>P201</b>	Obtain special instructions before use.
<b>P261</b>	Avoid breathing mist/vapours/spray.
<b>P280</b>	Wear protective gloves and protective clothing.
<b>P284</b>	[In case of inadequate ventilation] wear respiratory protection.
<b>P273</b>	Avoid release to the environment.
<b>P272</b>	Contaminated work clothing should not be allowed out of the workplace.

## Precautionary statement(s) Response

<b>P304+P340</b>	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
<b>P308+P313</b>	IF exposed or concerned: Get medical advice/ attention.
<b>P342+P311</b>	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
<b>P302+P352</b>	IF ON SKIN: Wash with plenty of water.
<b>P333+P313</b>	If skin irritation or rash occurs: Get medical advice/attention.
<b>P362+P364</b>	Take off contaminated clothing and wash it before reuse.

## Precautionary statement(s) Storage

<b>P405</b>	Store locked up.
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## Precautionary statement(s) Disposal

<b>P501</b>	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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## SECTION 3 Composition / information on ingredients

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
1095-90-5	1-10	<u>methadone hydrochloride</u>
100-51-6	1-10	<u>benzyl alcohol</u>
Not Available	balance	Ingredients determined not to be hazardous

**Legend:** 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; \* EU IOELVs available

## SECTION 4 First aid measures

## Description of first aid measures

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Wash out immediately with fresh running water.</li> <li>▶ 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.</li> <li>▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area.</li> </ul>

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	<ul style="list-style-type: none"> <li>▶ Other measures are usually unnecessary.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>

**Indication of any immediate medical attention and special treatment needed**

Treat symptomatically for a narcotic analgesic.

A vigorous program of symptomatic and supportive therapy has saved many victims of poisoning. The single most important element in therapy is the correction of anoxia by all available means: the maintenance of a patent airway, the administration of oxygen, the use of artificial respiration, and the injection of specific narcotic antagonists such as nalorphine, levallorphan or naloxone promptly antagonises the respiratory depression, coma and hypotension from overdoses of morphine, codeine, all semi-synthetics and almost all synthetic narcotics.

GOSSELIN et al: Clinical Toxicology of Commercial Products.

In fully conscious patients, remove swallowed poison by thorough gastric lavage and emesis. The chances of removing a significant amount of the drug are better if treatment is started within the first two hours. If the patient is unconscious or depressed, emesis is contraindicated and the dangers of gastric lavage are not justified.

DREISBACH AND ROBERTSON: Handbook of Poisoning, Appleton & Lange

Treat symptomatically.

**SECTION 5 Firefighting measures****Extinguishing media**

- ▶ There is no restriction on the type of extinguisher which may be used.
- ▶ Use extinguishing media suitable for surrounding area.

**Special hazards arising from the substrate or mixture**

<b>Fire Incompatibility</b>	None known.
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**Advice for firefighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>May emit poisonous fumes. May emit corrosive fumes.</p>
<b>HAZCHEM</b>	Not Applicable

**SECTION 6 Accidental release measures****Personal precautions, protective equipment and emergency procedures**

See section 8

**Environmental precautions**

See section 12

**Methods and material for containment and cleaning up**

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>▶ Wipe up.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves.</li> </ul>

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- ▶ Prevent, by any means available, spillage from entering drains or water course.
- ▶ Stop leak if safe to do so.
- ▶ Contain spill with sand, earth or vermiculite.
- ▶ Collect recoverable product into labelled containers for recycling.
- ▶ Neutralise/decontaminate residue (see Section 13 for specific agent).
- ▶ Collect solid residues and seal in labelled drums for disposal.
- ▶ Wash area and prevent runoff into drains.
- ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- ▶ If contamination of drains or waterways occurs, advise emergency services.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

## SECTION 7 Handling and storage

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<b>Other information</b>	<p><b>NOTE:</b> Special security requirements may be mandated under Federal/State Regulation(s).</p> <ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Store in vault fitted with warning devices or detectors recommended by various Federal/State authorities.</li> <li>▶ Store in vault used only for the purpose of storage of drugs of addiction.</li> <li>▶ Vault must be locked at all times except when the materials stored therein are required.</li> <li>▶ Keep storage area free from debris, wastes and combustibles.</li> <li>▶ Keep dry.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Protect containers against physical damage.</li> <li>▶ Check regularly for spills and leaks.</li> </ul>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Packaging as recommended by manufacturer.</li> <li>▶ Check that containers are clearly labelled.</li> <li>▶ Tamper-proof containers.</li> <li>▶ Polyethylene or polypropylene containers.</li> <li>▶ Metal drum with sealed plastic liner.</li> <li>▶ Glass container is suitable for laboratory quantities</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Avoid reaction with oxidising agents</li> </ul>

## SECTION 8 Exposure controls / personal protection

### Control parameters

Occupational Exposure Limits (OEL)

#### INGREDIENT DATA

Not Available

Ingredient	Original IDLH	Revised IDLH
methadone hydrochloride	Not Available	Not Available
benzyl alcohol	Not Available	Not Available

#### MATERIAL DATA

### Exposure controls

<b>Appropriate engineering controls</b>	<p>Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.</p> <p>HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.</p> <p>Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.</p>
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A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg. When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology. Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies. Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required. 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, vapours, 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.

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.

The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:

- 10; high efficiency particulate (HEPA) filters or cartridges
- 10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.
- 25-50; a full face-piece negative pressure respirator with HEPA filters
- 50-100; tight-fitting, full face-piece HEPA PAPR
- 100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

**Individual protection measures, such as personal protective equipment**



**Eye and face protection**

When handling very small quantities of the material eye protection may not be required. For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:

- ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- ▶ 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 lenses 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].

**Skin protection**

See Hand protection below

**Hands/feet protection**

- ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- ▶ Double gloving should be considered.
- ▶ PVC gloves.
- ▶ Change gloves frequently and when contaminated, punctured or torn.
- ▶ Wash hands immediately after removing gloves.
- ▶ Protective shoe covers. [AS/NZS 2210]
- ▶ Head covering.

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<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ For quantities up to 500 grams a laboratory coat may be suitable.</li> <li>▶ 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.</li> <li>▶ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.</li> <li>▶ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.</li> <li>▶ Eye wash unit.</li> <li>▶ Ensure there is ready access to an emergency shower.</li> <li>▶ For Emergencies: Vinyl suit</li> </ul>

## Recommended material(s)

## GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the

**computer-generated** selection:

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Material	CPI
BUTYL	A
VITON	A
NATURAL RUBBER	C
NEOPRENE	C
PVA	C

\* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

**NOTE:** As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

\* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

## Respiratory protection

Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant.

Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1 P2	-
up to 50	1000	-	A-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	A-2 P2
up to 100	10000	-	A-3 P2
100+			Airline**

\* - Continuous Flow \*\* - Continuous-flow or positive pressure demand

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

## SECTION 9 Physical and chemical properties

## Information on basic physical and chemical properties

<b>Appearance</b>	Clear colourless liquid with no odour; mixes with water.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.022
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	4.5-6.5	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	~0	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	~100	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	2.37 @20C	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Miscible	<b>pH as a solution (1%)</b>	Not Available

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<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available
<b>Heat of Combustion (kJ/g)</b>	Not Available	<b>Ignition Distance (cm)</b>	Not Available
<b>Flame Height (cm)</b>	Not Available	<b>Flame Duration (s)</b>	Not Available
<b>Enclosed Space Ignition Time Equivalent (s/m3)</b>	Not Available	<b>Enclosed Space Ignition Deflagration Density (g/m3)</b>	Not Available

## SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 Toxicological information

## Information on toxicological effects

<b>a) Acute Toxicity</b>	Based on available data, the classification criteria are not met.
<b>b) Skin Irritation/Corrosion</b>	Based on available data, the classification criteria are not met.
<b>c) Serious Eye Damage/Irritation</b>	Based on available data, the classification criteria are not met.
<b>d) Respiratory or Skin sensitisation</b>	There is sufficient evidence to classify this material as sensitising to skin or the respiratory system
<b>e) Mutagenicity</b>	Based on available data, the classification criteria are not met.
<b>f) Carcinogenicity</b>	Based on available data, the classification criteria are not met.
<b>g) Reproductivity</b>	There is sufficient evidence to classify this material as toxic to reproductivity
<b>h) STOT - Single Exposure</b>	Based on available data, the classification criteria are not met.
<b>i) STOT - Repeated Exposure</b>	Based on available data, the classification criteria are not met.
<b>j) Aspiration Hazard</b>	Based on available data, the classification criteria are not met.

<b>Inhaled</b>	<p>The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.</p> <p>Not normally a hazard due to non-volatile nature of product</p>
<b>Ingestion</b>	<p>The commonest side-effects of narcotic analgesics (including morphine) are nausea, vomiting, constipation, dizziness, drowsiness, sedation, euphoria and confusion. Urination may be difficult and there may be spasm of the gastrointestinal and biliary tracts. Other symptoms include dry mouth, pin-point pupils, sweating, flushing, vertigo, slow shallow respiration, weak pulse, cyanosis, palpitations, orthostatic hypotension, hypothermia, restlessness, and mood changes. Reports of acute toxicity have also included pulmonary oedema, spasticity, occur. Larger doses may produce respiratory depression and hypotension, with circulatory failure and deepening coma. Death may occur as a result of respiratory failure.</p> <p>As analgesia wears off, there may be an increased sensitivity to pain. High doses may produce muscular rigidity and central nervous system depression may progress to stupor, sedation, unconsciousness, and coma. in which skeletal muscles become flaccid (although positive Babinski reflexes and muscle twitching may be present) and the pupils become breathing, apnea and cyanosis. Pulmonary oedema is relatively common. Other respiratory problems include bronchospasm and aspiration pneumonia. Peripheral vasodilation may result in flushing of the face, neck and upper thorax and fainting resulting from orthostatic hypotension. Serious effects deriving from cardiovascular system toxicity include hypertension, arrhythmias, shock, acute ventricular failure and cardiac arrest. Hypersensitivities may result from histamine-release and may produce rashes, pruritis and, on occasion, haemorrhagic urticaria. Gastrointestinal system effects produce decreased gastric motility, constipation, faecal impaction, cramping and increased muscle tone of the gastrointestinal and biliary tracts. Urinary retention and depressed urine formation have been recorded.</p> <p>Liver function tests may be abnormal and the liver may become enlarged and tender. Mild leukocytosis, lymphocytosis, acidosis and hypoglycaemia may also occur. Anaphylactic reactions to morphine and codeine, following injection, have been reported. Adverse effects associated with opioids include constipation, nausea, vomiting, urinary retention, sedation, impaired cognition, behavioral restlessness, pruritus, miosis, respiratory depression, and postural hypotension The most common of these adverse effects include constipation, sedation, nausea, vomiting, and pruritus.</p> <p>Because of the distribution of opioid receptors both within and outside the nervous system, opioid analgesics produce a broad spectrum of adverse effects including dysphoria, euphoria, respiratory depression, suppression of endocrine systems, cardiovascular disorders (e.g., bradycardia), convulsion, pruritus, and miosis.</p>

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	Opioids can cause fatal overdose through respiratory depression, especially when combined with other sedatives such as alcohol and benzodiazepines.
<b>Skin Contact</b>	Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.
<b>Eye</b>	Although the liquid is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).
<b>Chronic</b>	<p>Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.</p>

<b>Ilium Methadone injection</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>methadone hydrochloride</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: 95 mg/kg <sup>[2]</sup>	Not Available
<b>benzyl alcohol</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: 2000 mg/kg <sup>[2]</sup>	Eye (Rodent - rat): 0.1mL
	Inhalation (Rat) LC50: >4.178 mg/L4h <sup>[2]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
	Oral (Rat) LD50: 1230 mg/kg <sup>[2]</sup>	Skin (Human - man): 16mg/48H - Mild
		Skin (Human): 1%/2D
		Skin (Mammal - pig): 100% - Moderate
		Skin (Rodent - rabbit): 100mg/24H - Moderate
	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>	

**Legend:** 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

<b>METHADONE HYDROCHLORIDE</b>	<p>Equivocal tumourigen by RTECS criteria. Neoplastic by RTECS criteria Depressed general activity, cardiac changes, lowered blood pressure, analgesia, liver, testicular and endocrine tumors, effects on newborn, effects on fertility, specific developmental abnormalities (central nervous system, blood and lymphatic systems, including spleen and marrow), foetotoxicity recorded. Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation.</p> <p>Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.</p> <p>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.</p> <p>NMDA receptor antagonists induce a state called dissociative anesthesia, marked by catalepsy, amnesia, and analgesia. Depressed NMDA receptor function is associated with an array of negative symptoms. For example, NMDA receptor hypofunction that occurs as the brain ages may be partially responsible for memory deficits associated with aging. Schizophrenia may also have to do with irregular NMDA receptor function (the glutamate hypothesis of schizophrenia). Increased levels of another NMDA antagonist, kynurenic acid, may aggravate the symptoms of schizophrenia, according to the "kynurenic hypothesis". NMDA receptor antagonists can mimic these problems; they sometimes induce "psychotomimetic" side effects, symptoms resembling psychosis. Such side effects caused by NMDA receptor inhibitors include hallucinations, paranoid</p>
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## Ilium Methadone injection

delusions, confusion, difficulty concentrating, agitation, alterations in mood, nightmares, catatonia, ataxia, anesthesia, and learning and memory deficits.

Because of these psychotomimetic effects, NMDA receptor antagonists, especially phencyclidine, ketamine, and dextromethorphan, are used as recreational drugs. At subanesthetic doses, these drugs have mild stimulant effects and, at higher doses, begin inducing dissociation and hallucinations, though these effects and the strength thereof vary from drug to drug.

Frequent administration of most NMDA receptor antagonists can lead to tolerance, whereby the liver will more quickly eliminate NMDA receptor antagonists from the bloodstream.

Temporary and permanent cognitive impairments have been shown to occur in long-term or heavy human users of the NMDA antagonists PCP and ketamine.

Cytochrome P450 enzymes are essential for the metabolism of many medications. Although this class has more than 50 enzymes, six of them metabolize 90 percent of drugs, with the two most significant enzymes being CYP3A4 and CYP2D6. Genetic variability (polymorphism) in these enzymes may influence a patient's response to commonly prescribed drug classes, including beta blockers and antidepressants. Cytochrome P450 enzymes can be inhibited or induced by drugs, resulting in clinically significant drug-drug interactions that can cause unanticipated adverse reactions or therapeutic failures.

Drugs that inhibit CYP2D6 activity are likely to increase the plasma concentrations of certain medications, and, in some cases, adverse outcomes will occur. Some drugs, such as fluoxetine, paroxetine, and quinidine, are particularly potent inhibitors of CYP2D6; patients on these drugs may have almost no CYP2D6 activity.

Clinical results suggest that >30% of patients with a poor or ultrarapid CYP2D6 phenotype may experience an adverse outcome after being prescribed codeine, tramadol, oxycodone, or hydrocodone. These medications are frequently prescribed for pain relief, and ~39% of the US population is expected to carry one of these phenotypes, suggesting that the population-level impact of these gene-drug interactions could be substantial.

For drugs that are converted to active metabolites by CYP2D6, the addition of a CYP2D6 inhibitor will tend to inhibit the efficacy of the drug. Genetic variability in CYP2D6 activity also can affect the outcome of CYP2D6 drug interactions.

In patients genetically deficient in CYP2D6 and who are taking a CYP2D6 substrate, the addition of a CYP2D6 inhibitor will not result in any change in the plasma concentrations of the substrate.

CYP2D6 is highly polymorphic with single-nucleotide polymorphisms, small insertions/deletions and larger structural variants including duplications, deletions, tandem arrangements, and hybridisations with non-functional CYP2D7 pseudogenes. The frequency of these variants differs across populations, and they significantly influence the drug-metabolising enzymatic function of CYP2D6. Importantly, altered CYP2D6 function has been associated with both adverse drug reactions and reduced drug efficacy, and there is growing recognition of the clinical and economic burdens associated with suboptimal drug utilisation. The CYP2D6 genotype is associated with the occurrence of adverse effects and clinical nonresponse in psychiatric patients treated with CYP2D6-dependent antidepressants.

The cytochrome P450 isozymes, in particular CYP2D6, is responsible for the biotransformation of many psychopharmacological drugs. Substrates of CYP2D6 include first generation antipsychotics, selective serotonin receptor inhibitors and tricyclic antidepressants<sup>1</sup>. Based on genetic variation, patients can be divided into poor metabolizers (PM), intermediate metabolizers (IM), extensive metabolizers (EM), and ultrarapid metabolizers (UM). The recommended dosages of psychopharmacological medication that are metabolized by this enzyme are based on the metabolism of the most common genotype, i.e., the EM type (i.e., a normal CYP2D6 function). However, because the plasma level of a drug is related to the genotype, the same dosage will probably lead to a higher plasma level in PMs and IMs, as compared to EMs, and to a lower plasma level in UMs as compared to EMs. The plasma level is often related to the effectiveness of the drug and the risk of dose-related side-effects. Also, when physicians prescribe a drug metabolized by CYP2D6 without taking into account the genotype, the hospital stay is longer (and the costs higher) in patients with a PM and UM profile.

### BENZYL ALCOHOL

Adverse reactions to fragrances in perfumes and in fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, photosensitivity, immediate contact reactions (contact urticaria), and pigmented contact dermatitis. Airborne and conjugal contact dermatitis occur.

Intolerance to perfumes, by inhalation, may occur if the perfume contains a sensitising principal. Symptoms may vary from general illness, coughing, phlegm, wheezing, chest-tightness, headache, exertional dyspnoea, acute respiratory illness, hayfever, and other respiratory diseases (including asthma). Perfumes can induce hyper-reactivity of the respiratory tract without producing an IgE-mediated allergy or demonstrable respiratory obstruction. This was shown by placebo-controlled challenges of nine patients to "perfume mix". The same patients were also subject to perfume provocation, with or without a carbon filter mask, to ascertain whether breathing through a filter with active carbon would prevent symptoms. The patients breathed through the mouth, during the provocations, as a nose clamp was used to prevent nasal inhalation. The patient's earlier symptoms were verified; breathing through the carbon filter had no protective effect. The symptoms were not transmitted via the olfactory nerve but they may have been induced by trigeminal reflex via the respiratory tract or by the eyes.

Cases of occupational asthma induced by perfume substances such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms even though the exposure is below occupational exposure limits.

Inhalation intolerance has also been produced in animals. The emissions of five fragrance products, for one hour, produced various combinations of sensory irritation, pulmonary irritation, decreases in expiratory airflow velocity as well as alterations of the functional observational battery indicative of neurotoxicity in mice. Neurotoxicity was found to be more severe after mice were repeatedly exposed to the fragrance products, being four brands of cologne and one brand of toilet water.

Contact allergy to fragrances is relatively common, affecting 1 to 3% of the general population, based on limited testing with eight common fragrance allergens and about 16 % of patients patch tested for suspected allergic contact dermatitis.

Contact allergy to fragrance ingredients occurs when an individual has been exposed, on the skin, to a sufficient degree of fragrance contact allergens. Contact allergy is a life-long, specifically altered reactivity in the immune system. This means that once contact allergy is developed, cells in the immune system will be present which can recognise and react towards the allergen. As a consequence, symptoms, i.e. allergic contact dermatitis, may occur upon re-exposure to the fragrance allergen(s) in question. Allergic contact dermatitis is an inflammatory skin disease characterised by erythema, swelling and vesicles in the acute phase. If exposure continues it may develop into a chronic condition with scaling and painful fissures of the skin. Allergic contact dermatitis to fragrance ingredients is most often caused by cosmetic products and usually involves the face and/or hands. It may affect fitness for work and the quality of life of the individual. Fragrance contact allergy has long been recognised as a frequent and potentially disabling problem. Prevention is possible as it is an environmental disease and if the environment is modified (e.g. by reduced use concentrations of allergens), the disease frequency and severity will decrease. Fragrance contact allergy is mostly non-occupational and related to the personal use of cosmetic products. Allergic contact dermatitis can be severe and widespread, with a significant impairment of quality of life and potential consequences for fitness for work. Thus, prevention of contact sensitisation to fragrances, both in terms of primary prevention (avoiding sensitisation) and secondary prevention

(avoiding relapses of allergic contact dermatitis in those already sensitised), is an important objective of public health risk management measure.

**Hands:** Contact sensitisation may be the primary cause of hand eczema, or may be a complication of irritant or atopic hand eczema. The number of positive patch tests has been reported to correlate with the duration of hand eczema, indicating that long-standing hand eczema may often be complicated by sensitisation. Fragrance allergy may be a relevant problem in patients with hand eczema; perfumes are present in consumer products to which their hands are exposed. A significant relationship between hand eczema and fragrance contact allergy has been found in some studies based on patients investigated for contact allergy. However, hand eczema is a multi-factorial disease and the clinical significance of fragrance contact allergy in (severe) chronic hand eczema may not be clear.

**Axillae Bilateral axillary** (underarm) dermatitis may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a dermatologist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.

**Face** Facial eczema is an important manifestation of fragrance allergy from the use of cosmetic products (16). In men, after-shave products can cause an eczematous eruption of the beard area and the adjacent part of the neck and men using wet shaving as opposed to dry have been shown to have an increased risk of being fragrance allergic.

**Irritant reactions (including contact urticaria):** Irritant effects of some individual fragrance ingredients, e.g. citral are known. Irritant contact dermatitis from perfumes is believed to be common, but there are no existing investigations to substantiate this. Many more people complain about intolerance or rashes to perfumes/perfumed products than are shown to be allergic by testing. This may be due to irritant effects or inadequate diagnostic procedures. Fragrances may cause a dose-related contact urticaria of the non-immunological type (irritant contact urticaria). Cinnamal, cinnamic alcohol, and Myroxylon pereirae are well recognised causes of contact urticaria, but others, including menthol, vanillin and benzaldehyde have also been reported. The reactions to Myroxylon pereirae may be due to cinnamates. A relationship to delayed contact hypersensitivity was suggested, but no significant difference was found between a fragrance-allergic group and a control group in the frequency of immediate reactions to fragrance ingredients in keeping with a nonimmunological basis for the reactions seen.

**Pigmentary anomalies:** The term "pigmented cosmetic dermatitis" was introduced in 1973 for what had previously been known as melanosis faciei feminae when the mechanism (type IV allergy) and causative allergens were clarified. It refers to increased pigmentation, usually on the face/neck, often following sub-clinical contact dermatitis. Many cosmetic ingredients were patch tested at non-irritant concentrations and statistical evaluation showed that a number of fragrance ingredients were associated: jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol, geranium oil.

**Photo-reactions** Musk ambrette produced a considerable number of allergic photocontact reactions (in which UV-light is required) in the 1970s and was later banned from use in the EU. Nowadays, photoallergic contact dermatitis is uncommon. Furocoumarins (psoralens) in some plant-derived fragrance ingredients caused phototoxic reactions with erythema followed by hyperpigmentation resulting in Berloque dermatitis. There are now limits for the amount of furocoumarins in fragrance products. Phototoxic reactions still occur but are rare.

**General/respiratory:** Fragrances are volatile and therefore, in addition to skin exposure, a perfume also exposes the eyes and naso-respiratory tract. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. In an epidemiological investigation, a significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients, in addition to hand eczema, which were independent risk factors in a multivariate analysis.

Fragrance allergens act as haptens, i.e. low molecular weight chemicals that are immunogenic only when attached to a carrier protein. However, not all sensitising fragrance chemicals are directly reactive, but require previous activation. A prohaptens is a chemical that itself is non- or low-sensitising, but that is transformed into a hapten outside the skin by simple chemical transformation (air oxidation, photoactivation) and without the requirement of specific enzymatic systems. A prohaptens is a chemical that itself is non- or low-sensitising but that is transformed into a hapten in the skin (bioactivation) usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prohaptens or as a prohaptens, or both, because air oxidation and bioactivation can often give the same product (geraniol is an example). Some chemicals might act by all three pathways.

#### **Prohaptens**

Compounds that are bioactivated in the skin and thereby form haptens are referred to as prohaptens.

In the case of prohaptens, the possibility to become activated is inherent to the molecule and activation cannot be avoided by extrinsic measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Crossreactivity has been shown for certain alcohols and their corresponding aldehydes, i.e. between geraniol and geranial (citral) and between cinnamyl alcohol and cinnamal.

The human skin expresses enzyme systems that are able to metabolise xenobiotics, modifying their chemical structure to increase hydrophilicity and allow elimination from the body. Xenobiotic metabolism can be divided into two phases: phase I and phase II. Phase I transformations are known as activation or functionalisation reactions, which normally introduce or unmask hydrophilic functional groups. If the metabolites are sufficiently polar at this point they will be eliminated. However, many phase I products have to undergo subsequent phase II transformations, i.e. conjugation to make them sufficiently water soluble to be eliminated. Although the purpose of xenobiotic metabolism is detoxification, it can also convert relatively harmless compounds into reactive species. Cutaneous enzymes that catalyse phase I transformations include the cytochrome P450 mixed-function oxidase system, alcohol and aldehyde dehydrogenases, monoamine oxidases, flavin-containing monooxygenases and hydrolytic enzymes. Acyltransferases, glutathione S-transferases, UDP-glucuronosyltransferases and sulfotransferases are examples of phase II enzymes that have been shown to be present in human skin. These enzymes are known to catalyse both activating and deactivating biotransformations, but the influence of the reactions on the allergenic activity of skin sensitisers has not been studied in detail. Skin sensitising prohaptens can be recognised and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or in vivo and in vitro studies of sensitisation potential and chemical reactivity.

**QSAR prediction:** The relationships between molecular structure and reactivity that form the basis for structural alerts are based on well established principles of mechanistic organic chemistry. Examples of structural alerts are aliphatic aldehydes (alerting to the possibility of sensitisation via a Schiff base reaction with protein amino groups), and alpha,beta-unsaturated carbonyl groups, C=C-CO- (alerting to the possibility of sensitisation via Michael addition of protein thiol groups). Prediction of the sensitisation potential of compounds that can act via abiotic or metabolic activation (pre- or prohaptens) is more complex compared to that of compounds that act as direct haptens without any activation. The autoxidation patterns can differ due to differences in the stability of the intermediates formed, e.g. it has been shown that autoxidation of the structural isomers linalool and geraniol results in different major haptens/allergens. Moreover, the complexity of the prediction increases further for those compounds

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that can act both as pre- and prohapten. In such cases, the impact on the sensitisation potency depends on the degree of abiotic activation (e.g. autoxidation) in relation to the metabolic activation

CYP1A2 is a member of the cytochrome P450 super family, is one of the best characterized. It is responsible for the metabolism of commonly drugs belonging to classes such as antidepressants, antipsychotics, mood stabilizers, beta blockers and sedative/hypnotics CYP1A2 also metabolises a number of procarcinogens (such as those in cigarettes). Cigarette smoking may lead to three fold increase in 1A2 activity, which explains why smokers require higher doses of beta blockers than non-smokers

Drugs that inhibit CYP1A2 will predictably increase the plasma concentrations of the medications or decrease in clearance of substrates. Drugs such as ciprofloxacin, fluvoxamine, verapamil cimetidine, caffeine and isoniazid are inhibitors of CYP1A2 enzyme. Vegetables such as grape fruit juice, cumic and turmeric are inhibitors of the CYP1A2 enzyme which may lead to increase plasma concentration of psychotropics

Inhibition of NF- $\kappa$ B in vivo can be detrimental. NF- $\kappa$ B controls multiple functions in homeostasis including a functional immune response, cell cycle, and cell death. Genetic studies in mice and analysis of naturally occurring mutations in humans point to specific developmental and immune consequences due to altering NF- $\kappa$ B activity.

The same functions that make NF- $\kappa$ B attractive for developing inhibitors for treating disease also play a role in homeostasis, and disruption of the NF- $\kappa$ B pathway during development or in adults leads to unfavorable and potentially unhealthy consequences. NF- $\kappa$ B plays a role in multiple homeostatic cellular processes including response to stimuli, cell proliferation, and death, regulating communication between cells, but is also tightly linked with other signaling pathways within the cell, such as p38 and JNK. In addition to mediating proinflammatory responses, NF- $\kappa$ B may regulate apoptotic and cell cycle changes induced by cellular stress, DNA damage or oncogenes by communication with the tumor suppressor p53. Disruption of normal cellular responses by inhibiting NF- $\kappa$ B can have adverse consequences such as immune suppression and tissue damage.

Understanding the consequences of lack of NF- $\kappa$ B activity in adult humans comes from observation of naturally occurring genetic deficiencies in this pathway. Mutations have been discovered in humans in signaling molecules upstream of NF- $\kappa$ B resulting in defects in development or immunity. Genetic defects have also been discovered in genes that immediately affect NF- $\kappa$ B activation including IKK gamma (NEMO), a subunit of the IKK complex, and I $\kappa$ Balpha. The IKK gamma mutations result in a defective IKK complex and the I $\kappa$ Balpha mutation results in an I $\kappa$ Balpha protein that cannot be phosphorylated and degraded.

Both genetic defects result in suppressed NF- $\kappa$ B activation and ectodermal dysplasia with immunodeficiency. In general patients with these genetic defects have multiple immunological defects including impaired innate immunity, impaired antibody production, and ultimately severe bacterial infections. Understanding the immune defects and susceptibilities in patients with genetic defects in the NF- $\kappa$ B pathway will help prepare for potential adverse effects of pharmacologic NF- $\kappa$ B inhibitors

The requirement for NF- $\kappa$ B in the development and maintenance of the immune system is well documented. NF- $\kappa$ B is required for survival during fetal development and for normal lymphocyte generation in adult mice. Removal of the p65 (RelA) subunit of NF- $\kappa$ B or the IKKbeta gene results in death during fetal development primarily due to massive liver apoptosis

Fetal liver stem cells from p65 or IKKbeta deficient mice have been transplanted into irradiated hosts revealing a specific requirement of NF- $\kappa$ B for T-cells, B-cells, and common lymphoid progenitor development but not for myeloid cells or stem cells.

The failure to produce lymphocytes is mediated through hypersensitivity to TNF due to lack of NF- $\kappa$ B activity. Lymphocyte depletion with chemical or genetic inhibition of NF- $\kappa$ B have implications for therapeutic potential use in humans. The double-sided nature of NF- $\kappa$ B inhibition is clear in this instance where chemical inhibition in vivo mimics genetic experiments inducing rapid TNF-dependent apoptosis. Rapid induction of apoptosis may be an advantage for treating some forms of cancer, but at the same time cause depletion of some lymphocyte populations.

In addition to controlling lymphocyte development, NF- $\kappa$ B plays a major role in both adaptive and innate immunity. Various signaling pathways responding to receptor recognition of immune challenge converge on NF- $\kappa$ B which then regulates genes that control the immune response. Both T-cell receptor and B-cell receptors activate NF- $\kappa$ B through phosphorylation of CARMA1 by PKC theta and PKC beta respectively, resulting in recruitment and activation of IKK and ultimately expression of genes that control cellular activation, proliferation, and survival. In addition, NF- $\kappa$ B plays a role in T-cell response to costimulatory signals.

Cells respond to pathogenic microorganisms in part through recognition by Toll-like receptors (TLRs). TLR-family members recognize different molecular structures present in microbes and respond by activating signaling pathways including NF- $\kappa$ B leading to expression of anti-microbial effector molecules, as well as molecules that help in development of the adaptive immune response. Inhibition of NF- $\kappa$ B during TLR stimulation can lead to macrophage apoptosis, a mechanism used by some pathogens to help evade immune response. NF- $\kappa$ B is clearly required for normal mature B-cell and T-cell maintenance and function, including regulatory, memory, and natural killer-like T cells. Inhibition of NF- $\kappa$ B activation in lymphocytes results in defects in growth, survival, and cytokine production and blocks multiple steps in germinal center formation. Given the diverse roles NF- $\kappa$ B plays in immune response to pathogens it is not surprising to find mice genetically deficient in components of the NF- $\kappa$ B pathway are susceptible to parasitic and bacterial infection.

The role of NF- $\kappa$ B in inhibition of apoptosis is one of the factors that make it a potential target for cancer therapy. NF- $\kappa$ B deficient mice die during embryogenesis in part due to TNF-mediated liver damage. Adult mice with impaired NF- $\kappa$ B targeted to the liver have normal liver function, but have severe liver damage after challenge with concanavalin A, a pan-T cell activator. Liver damage occurs due to sustained activation of JNK due to accumulation of reactive oxygen species (ROS) in the absence of normal NF- $\kappa$ B activation.

The aryl alkyl alcohol (AAA) fragrance ingredients are a diverse group of chemical structures with similar metabolic and toxicity profiles.

The AAA fragrances demonstrate low acute and subchronic dermal and oral toxicity.

At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin.

The potential for eye irritation is minimal.

With the exception of benzyl alcohol and to a lesser extent phenethyl and 2-phenoxyethyl AAA alcohols, human sensitization studies, diagnostic patch tests and human induction studies, indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low.

NOAELs for maternal and developmental toxicity are far in excess of current human exposure levels.

No carcinogenicity in rats or mice was observed in 2-year chronic testing of benzyl alcohol or a-methylbenzyl alcohol; the latter did induce species and gender-specific renal adenomas in male rats at the high dose. There was no to little genotoxicity, mutagenicity, or clastogenicity in the mutagenicity in vitro bacterial assays, and in vitro mammalian cell assays. All in vivo micronucleus assays were negative.

It is concluded that these materials would not present a safety concern at current levels of use as fragrance ingredients

The Research Institute for Fragrance Materials (RIFM) Expert Panel

A member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS) based in part on their self-limiting properties as flavouring substances in food; their rapid absorption, metabolic detoxification, and excretion in humans and other animals, their low level of flavour use, the wide margin of safety between the conservative estimates of intake and the no-

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observed-adverse effect levels determined from chronic and subchronic studies and the lack of significant genotoxic and mutagenic potential. This evidence of safety is supported by the fact that the intake of benzyl derivatives as natural components of traditional foods is greater than the intake as intentionally added flavouring substances.

All members of this group are aromatic primary alcohols, aldehydes, carboxylic acids or their corresponding esters or acetals.

The substances in this group:

- contain a benzene ring substituted with a reactive primary oxygenated functional group or can be hydrolysed to such a functional group
- the major pathway of metabolic detoxification involves hydrolysis and oxidation to yield the corresponding benzoic acid derivative which is excreted either as the free acid or the glycine conjugate
- they show a consistent pattern of toxicity in both short- and long- term studies and
- they exhibit no evidence of genotoxicity in standardised batteries of *in vitro* and *in vivo* assays.

The benzyl derivatives are rapidly absorbed through the gut, metabolised primarily in the liver, and excreted in the urine as glycine conjugates of benzoic acid derivatives.

In general, aromatic esters are hydrolysed *in vivo* through the catalytic activity of carboxylesterases, the most important of which are the A-esterases. Hydrolysis of benzyl and benzoate esters to yield corresponding alcohols and carboxylic acids and hydrolysis of acetals to yield benzaldehyde and simple alcohols have been reported in several experiments.

The alcohols and aldehydes are rapidly oxidised to benzoic acid while benzoate esters are hydrolysed to benzoic acid.

Flavor and Extract Manufacturers Association (FEMA)

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.

For benzyl alkyl alcohols:

Unlike benzyl alcohols, the beta-hydroxyl group of the members of this cluster is unlikely to undergo phase II metabolic activation. Instead, the beta-hydroxyl group is expected to contribute to detoxification via oxidation to hydrophilic acid. Despite structural similarity to carcinogenic ethyl benzene, only a marginal concern has been assigned to phenethyl alcohol due to limited mechanistic analogy.

For benzoates:

**Acute toxicity:** Benzyl alcohol, benzoic acid and its sodium and potassium salt can be considered as a single category regarding human health, as they are all rapidly metabolised and excreted via a common pathway within 24 hrs. Systemic toxic effects of similar nature (e.g. liver, kidney) were observed. However with benzoic acid and its salts toxic effects are seen at higher doses than with benzyl alcohol.

The compounds exhibit low acute toxicity as for the oral and dermal route. The LD50 values are > 2000 mg/kg bw except for benzyl alcohol which needs to be considered as harmful by the oral route in view of an oral LD50 of 1610 mg/kg bw. The 4 hr inhalation exposure of benzyl alcohol or benzoic acid at 4 and 12 mg/l as aerosol/dust respectively gave no mortality, showing low acute toxicity by inhalation for these compounds.

Benzoic acid and benzyl alcohol are slightly irritating to the skin, while sodium benzoate was not skin irritating. No data are available for potassium benzoate but it is also expected not to be skin irritating. Benzoic acid and benzyl alcohol are irritating to the eye and sodium benzoate was only slightly irritating to the eye. No data are available for potassium benzoate but it is expected also to be only slightly irritating to the eye.

**Sensitisation:** The available studies for benzoic acid gave no indication for a sensitising effect in animals, however occasionally very low positive reactions were recorded with humans (dermatological patients) in patch tests. The same occurs for sodium benzoate. It has been suggested that the very low positive reactions are non-immunologic contact urticaria. Benzyl alcohol gave positive and negative results in animals. Benzyl alcohol also demonstrated a maximum incidence of sensitization of only 1% in human patch testing. Over several decades no sensitization with these compounds has been seen among workers.

**Repeat dose toxicity:** For benzoic acid repeated dose oral toxicity studies give a NOAEL of 800 mg/kg/day. For the salts values > 1000 mg/kg/day are obtained. At higher doses increased mortality, reduced weight gain, liver and kidney effects were observed.

For benzyl alcohol the long-term studies indicate a NOAEL > 400 mg/kg bw/d for rats and > 200 mg/kg bw/d for mice. At higher doses effects on bodyweights, lesions in the brains, thymus, skeletal muscle and kidney were observed. It should be taken into account that administration in these studies was by gavage route, at which saturation of metabolic pathways is likely to occur.

**Mutagenicity:** All chemicals showed no mutagenic activity in *in vitro* Ames tests. Various results were obtained with other *in vitro* genotoxicity assays. Sodium benzoate and benzyl alcohol showed no genotoxicity *in vivo*. While some mixed and/or equivocal *in vitro* chromosomal/chromatid responses have been observed, no genotoxicity was observed in the *in vivo* cytogenetic, micronucleus, or other assays. The weight of the evidence of the *in vitro* and *in vivo* genotoxicity data indicates that these chemicals are not mutagenic or clastogenic. They also are not carcinogenic in long-term carcinogenicity studies.

In a 4-generation study with benzoic acid no effects on reproduction were seen (NOAEL: 750 mg/kg). No compound related effects on reproductive organs (gross and histopathology examination) could be found in the (sub) chronic studies in rats and mice with benzyl acetate, benzyl alcohol, benzaldehyde, sodium benzoate and supports a non-reprotoxic potential of these compounds. In addition, data from reprotoxicity studies on benzyl acetate (NOAEL >2000 mg/kg bw/d; rats and mice) and benzaldehyde (tested only up to 5 mg/kg bw; rats) support the non-reprotoxicity of benzyl alcohol and benzoic acid and its salts.

**Developmental toxicity:** In rats for sodium benzoate dosed via food during the entire gestation developmental effects occurred only in the presence of marked maternal toxicity (reduced food intake and decreased body weight) (NOAEL = 1400 mg/kg bw). For hamster (NOEL: 300 mg/kg bw), rabbit (NOEL: 250 mg/kg bw) and mice (CD-1 mice, NOEL: 175 mg/kg bw) no higher doses (all by gavage) were tested and no maternal toxicity was observed. For benzyl alcohol: NOAEL= 550 mg/kg bw (gavage; CD-1 mice). LOAEL = 750 mg/kg bw (gavage mice). In this study maternal toxicity was observed e.g. increased mortality, reduced body weight and clinical toxicology. Benzyl acetate: NOEL = 500 mg/kg bw (gavage rats). No maternal toxicity was observed.

METHADONE  
HYDROCHLORIDE &  
BENZYL ALCOHOL

The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Acute Toxicity

✗

Carcinogenicity

✗

Skin Irritation/Corrosion

✗

Reproductivity

✓

Continued...

Serious Eye Damage/Irritation	✗	STOT - Single Exposure	✗
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

**Legend:** ✗ – Data either not available or does not fill the criteria for classification  
 ✓ – Data available to make classification

## SECTION 12 Ecological information

### Toxicity

Ilium Methadone injection	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
methadone hydrochloride	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
benzyl alcohol	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	230mg/l	2
	EC50	72h	Algae or other aquatic plants	500mg/l	2
	NOEC(ECx)	336h	Fish	5.1mg/l	2
	EC50	96h	Algae or other aquatic plants	76.828mg/l	2
	LC50	96h	Fish	10mg/l	2
<b>Legend:</b>	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

**DO NOT** discharge into sewer or waterways.

### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
methadone hydrochloride	HIGH	HIGH
benzyl alcohol	LOW	LOW

### Bioaccumulative potential

Ingredient	Bioaccumulation
methadone hydrochloride	MEDIUM (LogKOW = 3.93)
benzyl alcohol	LOW (LogKOW = 1.1)

### Mobility in soil

Ingredient	Mobility
methadone hydrochloride	LOW (Log KOC = 72790)
benzyl alcohol	LOW (Log KOC = 15.66)

## SECTION 13 Disposal considerations

### Waste treatment methods

Product / Packaging disposal	
	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> Otherwise: <ul style="list-style-type: none"> <li>▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> Valuable substance, hold all residues for recovery. Disposal of the material must be carried out in accordance with the requirements of the relevant Federal/State Act(s) or Code(s) regulating the disposal of Drugs of Addiction. <ul style="list-style-type: none"> <li>▶ Consult manufacturer/supplier for recycling options.</li> <li>▶ Decontaminate empty containers with water; incinerate plastic bags.</li> </ul>

Continued...

## Ilium Methadone injection

- ▶ **DO NOT reuse containers.** Bury empty containers in an authorised landfill.
- ▶ **DO NOT allow wash water from cleaning or process equipment to enter drains.**
- ▶ It may be necessary to collect all wash water for treatment before disposal.
- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.
- ▶ Recycle wherever possible.
- ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes 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 Transport information

### Labels Required

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

**Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**

**Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**

**Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**

### 14.7. Maritime transport in bulk according to IMO instruments

#### 14.7.1. Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

#### 14.7.2. Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
methadone hydrochloride	Not Available
benzyl alcohol	Not Available

#### 14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
methadone hydrochloride	Not Available
benzyl alcohol	Not Available

## SECTION 15 Regulatory information

### Safety, health and environmental regulations / legislation specific for the substance or mixture

#### methadone hydrochloride is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 8

FEI Equine Prohibited Substances List - Controlled Medication

FEI Equine Prohibited Substances List (EPSL)

#### benzyl alcohol is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

### Additional Regulatory Information

Not Applicable

### National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (methadone hydrochloride)
Canada - NDSL	No (methadone hydrochloride; benzyl alcohol)

Continued...

## Ilium Methadone injection

National Inventory	Status
China - IECSC	No (methadone hydrochloride)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (methadone hydrochloride)
Korea - KECI	No (methadone hydrochloride)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (methadone hydrochloride)
USA - TSCA	TSCA Inventory 'Active' substance(s) (benzyl alcohol); No (methadone hydrochloride)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	No (methadone hydrochloride)
Russia - FBEPH	No (methadone hydrochloride)
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

## SECTION 16 Other information

<b>Revision Date</b>	15/04/2021
<b>Initial Date</b>	30/04/2020

## SDS Version Summary

Version	Date of Update	Sections Updated
3.1	05/05/2020	Composition / information on ingredients - Ingredients
4.1	15/04/2021	Classification change due to full database hazard calculation/update.

## Other information

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.

The 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.

## Definitions and abbreviations

- PC - TWA: Permissible Concentration-Time Weighted Average
- PC - STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit,
- IDLH: Immediately Dangerous to Life or Health Concentrations
- ES: Exposure Standard
- OSF: Odour Safety Factor
- NOAEL: No Observed Adverse Effect Level
- LOAEL: Lowest Observed Adverse Effect Level
- TLV: Threshold Limit Value
- LOD: Limit Of Detection
- OTV: Odour Threshold Value
- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code
  
- AIIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European Inventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances

Continued...

**Ilum Methadone injection**

- ▶ NLP: No-Longer Polymers
- ▶ ENCS: Existing and New Chemical Substances Inventory
- ▶ KECI: Korea Existing Chemicals Inventory
- ▶ NZIoC: New Zealand Inventory of Chemicals
- ▶ PICCS: Philippine Inventory of Chemicals and Chemical Substances
- ▶ TSCA: Toxic Substances Control Act
- ▶ TCSI: Taiwan Chemical Substance Inventory
- ▶ INSQ: Inventario Nacional de Sustancias Químicas
- ▶ NCI: National Chemical Inventory
- ▶ FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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