

Chlorobutanol

1 Nonproprietary Names

BP: Chlorobutanol
JP: Chlorobutanol
PhEur: Chlorobutanolum anhydricum
USPNF: Chlorobutanol

2 Synonyms

Acetone chloroform; chlorbutanol; chlorbutol; trichloro-*tert*-butanol; β,β,β -trichloro-*tert*-butyl alcohol.

3 Chemical Name and CAS Registry Number

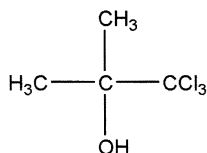
1,1,1-Trichloro-2-methyl-2-propanol [57-15-8]

4 Empirical Formula Molecular Weight

C₄H₇Cl₃O

177.46

5 Structural Formula



6 Functional Category

Antimicrobial preservative; plasticizer.

7 Applications in Pharmaceutical Formulation or Technology

Chlorobutanol is primarily used in ophthalmic or parenteral dosage forms as an antimicrobial preservative at concentrations up to 0.5% w/v; see Section 10. It is commonly used as an antibacterial agent for epinephrine solutions, posterior pituitary extract solutions, and ophthalmic preparations intended for the treatment of miosis. It is especially useful as an antibacterial agent in nonaqueous formulations. Chlorobutanol is also used as a preservative in cosmetics (see Section 16) and as a plasticizer for cellulose esters and ethers, and has been used therapeutically as a mild sedative and local analgesic.

8 Description

Volatile, colorless or white crystals with a musty, camphoraceous odor.

9 Pharmacopeial Specifications

See Table I.

Table I: Pharmacopeial specifications for chlorobutanol.

Test	JP 2001	PhEur 2002	USPNF 20
Identification	+	+	+
Characters	+	+	—
Melting point	$\geq 76^\circ\text{C}$	+	—
Acidity	+	+	+
Water anhydrous form	$\leq 6.0\%$	$\leq 1.0\%$	$\leq 1.0\%$
hemihydrate		4.5–5.5%	$\leq 6.0\%$
Chloride	$\leq 0.071\%$	≤ 300 ppm	$\leq 0.07\%$
Residue on ignition	$\leq 0.10\%$	—	—
Sulfated ash	—	$\leq 0.1\%$	—
Organic volatile impurities	—	—	+
Assay (anhydrous basis)	$\geq 98.0\%$	98.0–101.0%	98.0–100.5%

Note: the PhEur 2002 and USPNF 20 allow either the anhydrous form or the hemihydrate; the PhEur 2002 includes them as separate monographs.

10 Typical Properties

Antimicrobial activity: chlorobutanol has both antibacterial and antifungal properties. It is effective against Gram-positive and Gram-negative bacteria and some fungi, e.g., *Candida albicans*, *Pseudomonas aeruginosa*, and *Staphylococcus albus*. Antimicrobial activity is bacteriostatic, rather than bactericidal, and is considerably reduced above pH 5.5. In addition, activity may also be reduced by increasing heat and by incompatibilities between chlorobutanol and other excipients or packaging materials; see Sections 11 and 12. However, activity may be increased by combination with other antimicrobial preservatives; see Section 18. Typical minimum inhibitory concentrations (MICs) are: Gram-positive bacteria 650 $\mu\text{g}/\text{mL}$; Gram-negative bacteria 1000 $\mu\text{g}/\text{mL}$; yeasts 2500 $\mu\text{g}/\text{mL}$; fungi 5000 $\mu\text{g}/\text{mL}$.

Boiling point: 167°C

Melting point:

76–78°C for the hemihydrate

95–97°C for the anhydrous form.

Refractive index: $n_D^{25} = 1.4339$

Solubility: see Table II.

Table II: Solubility of chlorobutanol.

Solvent	Solubility at 20°C
Chloroform	Freely soluble
Ethanol (95%)	1 in 1
Ether	Freely soluble
Glycerin	1 in 10
Methanol	Freely soluble
Volatile oils	Freely soluble
Water	1 in 125

11 Stability and Storage Conditions

Chlorobutanol is volatile and readily sublimates. In aqueous solution degradation is catalyzed by hydroxide ions. Stability is good at pH 3 but becomes progressively worse with

increasing pH.⁽¹⁾ The half-life at pH 7.5 for a chlorobutanol solution stored at 25°C was determined to be approximately 3 months.⁽²⁾ In a 0.5% w/v aqueous chlorobutanol solution at room temperature, chlorobutanol is almost saturated and may crystallize out of solution if the temperature is reduced.

Losses of chlorobutanol also occur owing to its volatility, with appreciable amounts being lost during autoclaving; at pH 5 about 30% of chlorobutanol is lost.⁽³⁾ Porous containers result in losses from solutions, and polyethylene containers result in rapid loss. Losses of chlorobutanol during autoclaving in polyethylene containers may be reduced by pre-autoclaving the containers in a solution of chlorobutanol; the containers should then be used immediately.⁽⁴⁾ There is also appreciable loss of chlorobutanol through stoppers in parenteral vials.

The bulk material should be stored in a well-closed container at a temperature of 8–15°C.

12 Incompatibilities

Owing to problems associated with sorption, chlorobutanol is incompatible with plastic vials,^(4–8) rubber stoppers, bentonite,⁽⁹⁾ magnesium trisilicate,⁽⁹⁾ polyethylene, and polyhydroxyethylmethacrylate, which has been used in soft contact lenses.⁽¹⁰⁾ To a lesser extent, carboxymethylcellulose and polysorbate 80 reduce antimicrobial activity by sorption or complex formation.

13 Method of Manufacture

Chlorobutanol is prepared by condensing acetone and chloroform in the presence of solid potassium hydroxide.

14 Safety

Chlorobutanol is widely used as a preservative in a number of pharmaceutical formulations, particularly ophthalmic preparations. Although animal studies have suggested that chlorobutanol may be harmful to the eye, in practice the widespread use of chlorobutanol as a preservative in ophthalmic preparations has been associated with few reports of adverse reactions. A study of the irritation potential of a local anesthetic on the murine cornea indicated significant corneal surface damage in the presence of 0.5% w/v chlorobutanol, which may be related to the preservative's effective concentration.⁽¹¹⁾ Reported adverse reactions to chlorobutanol include: cardiovascular effects following intravenous administration of heparin sodium injection preserved with chlorobutanol;⁽¹²⁾ neurological effects following administration of a large dose of morphine infusion preserved with chlorobutanol;⁽¹³⁾ and hypersensitivity reactions, although these are regarded as rare.^(14–16)

The lethal human dose of chlorobutanol is estimated to be 50–500 mg/kg.⁽¹⁷⁾

LD₅₀ (dog, oral): 0.24 g/kg^(18,19)

LD₅₀ (mouse, oral): 0.99 g/kg

LD₅₀ (rabbit, oral): 0.21 g/kg

15 Handling Precautions

Observe normal precautions appropriate to the circumstances and quantity of material handled. Chlorobutanol may be irritant to the skin, eyes, and mucous membranes. Eye protection and gloves are recommended along with a respirator in poorly ventilated environments. There is a slight fire hazard on exposure to heat or flame.

16 Regulatory Status

Included in the FDA Inactive Ingredients Guide (IM, IV, and SC injections, inhalations, nasal, otic, ophthalmic, and topical preparations). Labeling must state 'contains chlorobutanol up to 0.5%'. Included in nonparenteral and parenteral medicines licensed in the UK.

In the UK, the maximum concentration of chlorobutanol permitted for use in cosmetics, other than foams, is 0.5%. It is not suitable for use in aerosols.

17 Related Substances

Phenoxyethanol; phenylethyl alcohol.

18 Comments

It has been reported that a combination of chlorobutanol and phenylethanol, both at 0.5% w/v concentration, has shown greater antibacterial activity than either compound alone. An advantage of the use of this combination is that chlorobutanol dissolves in the alcohol; the resulting liquid can then be dissolved in an aqueous pharmaceutical preparation without the application of heat.

The EINECS number for chlorobutanol is 200-317-6.

19 Specific References

- 1 Patwa NV, Huyck CL. Stability of chlorobutanol. *J Am Pharm Assoc* 1966; NS6: 372–373.
- 2 Nair AD, Lach JL. The kinetics of degradation of chlorobutanol. *J Am Pharm Assoc (Sci)* 1959; 48: 390–395.
- 3 Lang JC, Roehrs RE, Rodeheaver DP, *et al.* Design and evaluation of ophthalmic pharmaceutical products. In: Banker GS, Rhodes CT, eds. *Modern Pharmaceutics*, 4th edn. New York: Marcel Dekker, 2002: 415–478.
- 4 Blackburn HD, Polack AE, Roberts MS. The effect of container pre-treatment on the interaction between chlorbutol and polyethylene during autoclaving. *Aust J Hosp Pharm* 1983; 13: 153–156.
- 5 Lachman L, Weinstein S, Hopkins G, *et al.* Stability of antibacterial preservatives in parenteral solutions I: factors influencing the loss of antimicrobial agents from solutions in rubber-stoppered containers. *J Pharm Sci* 1962; 51: 224–232.
- 6 Friesen WT, Plein EM. The antibacterial stability of chlorobutanol stored in polyethylene bottles. *Am J Hosp Pharm* 1971; 28: 507–512.
- 7 Blackburn HD, Polack AE, Roberts MS. Preservation of ophthalmic solutions: some observations on the use of chlorbutol in plastic containers [letter]. *J Pharm Pharmacol* 1978; 30: 666.
- 8 Holdsworth DG, Roberts MS, Polack AE. Fate of chlorbutol during storage in polyethylene dropper containers and simulated patient use. *J Clin Hosp Pharm* 1984; 9: 29–39.
- 9 Yousef RT, El-Nakeeb MA, Salama S. Effect of some pharmaceutical materials on the bactericidal activities of preservatives. *Can J Pharm Sci* 1973; 8: 54–56.
- 10 Richardson NE, Davies DJG, Meakin BJ, Norton DA. The interaction of preservatives with polyhydroxyethylmethacrylate (polyHEMA). *J Pharm Pharmacol* 1978; 30: 469–475.
- 11 Kalin P, Mayer JM, Etter JC. Influence of preservatives on the irritation potential of a local anaesthetic on murine cornea. *Eur J Pharm Biopharm* 1996; 42: 402.
- 12 Bowler GMR, Galloway DW, Meiklejohn BH, Macintyre CCA. Sharp fall in blood pressure after injection of heparin containing chlorbutol [letter]. *Lancet* 1986; i: 848–849.
- 13 DeChristoforo R, Corden BJ, Hood JC, *et al.* High-dose morphine infusion complicated by chlorobutanol-induced somnolence. *Ann Intern Med* 1983; 98: 335–336.

- 14 Dux S, Pitlik S, Perry G, Rosenfeld JB. Hypersensitivity reaction to chlorobutanol-preserved heparin [letter]. *Lancet* 1981; i: 149.
- 15 Itabashi A, Katayama S, Yamaji T. Hypersensitivity to chlorobutanol in DDAVP solution [letter]. *Lancet* 1982; i: 108.
- 16 Hofmann H, Goerz G, Plewig G. Anaphylactic shock from chlorobutanol-preserved oxytocin. *Contact Dermatitis* 1986; 15: 241.
- 17 Gosselin RE, Hodge HC, Smith RP, Gleason MN. *Clinical Toxicology of Commercial Products*, 4th edn. Baltimore: Williams & Wilkins, 1976: II-119.
- 18 Sweet DV, ed. *Registry of Toxic Effects of Chemical Substances*. Cincinnati: US Department of Health, 1987: 3838.
- 19 Lewis RJ, ed. *Sax's Dangerous Properties of Industrial Materials*, 10th edn. New York: Wiley, 2000: 796.

20 General References

Summers QA, Nesbit MR, Levin R, Holgate ST. A non-bronchoconstrictor, bacteriostatic preservative for nebuliser solutions. *Br J Clin Pharmacol* 1991; 31: 204-206.

21 Author

RA Nash.

22 Date of Revision

8 July 2002.