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Product Data Sheet

Asunaprevir

 $\begin{array}{lll} \textbf{Cat. No.:} & \textbf{HY-14434} \\ \textbf{CAS No.:} & 630420\text{-}16\text{-}5 \\ \\ \textbf{Molecular Formula:} & \textbf{C}_{35}\textbf{H}_{46}\textbf{ClN}_{5}\textbf{O}_{9}\textbf{S} \\ \end{array}$

Molecular Weight: 748.29

Target: HCV; HCV Protease; SARS-CoV

Pathway: Anti-infection; Metabolic Enzyme/Protease

Storage: Powder -20°C 3 years

In solvent

4°C 2 years -80°C 2 years

-20°C 1 year

SOLVENT & SOLUBILITY

In Vitro

DMSO: ≥ 100 mg/mL (133.64 mM)

Ethanol: 20 mg/mL (26.73 mM; Need ultrasonic)

* "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	1.3364 mL	6.6819 mL	13.3638 mL
	5 mM	0.2673 mL	1.3364 mL	2.6728 mL
	10 mM	0.1336 mL	0.6682 mL	1.3364 mL

Please refer to the solubility information to select the appropriate solvent.

In Vivo

- 1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: \geq 2.5 mg/mL (3.34 mM); Clear solution
- 2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.5 mg/mL (3.34 mM); Clear solution
- 3. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (3.34 mM); Clear solution
- 4. Add each solvent one by one: 5% DMSO >> 40% PEG300 >> 5% Tween-80 >> 50% saline Solubility: 2.5 mg/mL (3.34 mM); Suspended solution; Need ultrasonic
- 5. Add each solvent one by one: 10% EtOH >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: 2 mg/mL (2.67 mM); Clear solution; Need ultrasonic
- 6. Add each solvent one by one: 10% EtOH >> 90% corn oil Solubility: ≥ 2 mg/mL (2.67 mM); Clear solution

BIOLOGICAL ACTIVITY

Description	Asunaprevir (BMS-650032) is a potent and orally bioavailable hepatitis C virus (HCV) NS3 protease inhibitor, with IC ₅₀ of 0.2 nM-3.5 nM ^[1] . Asunaprevir inhibits SARS-CoV-2 3CL ^{pro} activity ^[5] .
IC ₅₀ & Target	IC50: 0.2 nM-3.5 nM (HCV NS3 protease)
In Vitro	In multiple experiments, populations of resistant colonies are markedly reduced when cells are treated with a combination of DCV and Asunaprevir ^[1] . Asunaprevir (ASV) inhibits the NS3 proteolytic activity of genotype 1a (H77 strain) and genotype 1b (J4L6S strain), with IC ₅₀ s of 0.7 and 0.3 nM, respectively. The EC ₅₀ s of ASV against replicons encoding the NS3 protease domains representing genotypes 1a, 1b, and 4a, range from 1.2 to 4.0 nM ^[2] . Replicon cells are maintained under selective pressure with asunaprevir at concentrations of 10 and 30 times the EC ₅₀ values (50 or 150 nM final concentrations, respectively). For genotype 1b resistance selection, replicon cells are maintained in the presence of asunaprevir at 10 or 30 times the EC ₅₀ values (30 or 90 nM final concentrations, respectively) ^[3] . MCE has not independently confirmed the accuracy of these methods. They are for reference only.
In Vivo	Asunaprevir (ASV, 3-15 mg/kg, p.o.) displays a hepatotropic disposition (liver-to-plasma ratios ranging from 40- to 359-fold across species) in several animal species. Twenty-four hours postdose, liver exposures across all species tested are ≥110-fold above the inhibitor EC ₅₀ observed with HCV genotype-1 replicons ^[2] . MCE has not independently confirmed the accuracy of these methods. They are for reference only.

PROTOCOL

Cell Assay [2]

Cytotoxicity is determined by incubating cells (3,000 to 10,000 cells/well) with serially diluted test compounds or DMSO for 5 days (MT-2 cells) or 4 days (all other cell types). Cell viability is quantitated using an MTS assay for MT-2 or a Cell-Titer Blue reagent assay for HEK-293, HuH-7, HepG2, and MRC5 cells, and 50% cytotoxic concentrations (CC_{50} s) are calculated. For the HCV and BVDV replicon assays, CC_{50} s are determined from the same wells that are later used to determine EC_{50} s. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

Animal Administration [2]

Mice (n=9 per group; overnight fast) receive Asunaprevir (ASV) by oral gavage (5 mg/kg; vehicle of PEG-400-ethanol, 9:1). Blood samples (-0.2 mL) are obtained by retro-orbital bleeding at 0.25, 0.5, 1, 3, 6, 8, and 24 h after dosing. Within each group, three animals are bled at 0.25, 3, and 24 h, three at 0.5 and 6 h, and three at 1 and 8 h, resulting in a composite pharmacokinetic profile. Livers and brains are also removed from mice at the terminal sampling points. Rats (n=3 per group; overnight fast) receive ASV (amorphous free acid) by oral gavage (3, 5, 10, and 15 mg/kg) in PEG-400-ethanol (9:1). Serial blood samples (-0.3 mL) are obtained from the jugular vein predosing (0 h) and at 0.25, 0.5, 0.75, 1, 2, 4, 6, 8, 24, and 48 h postdosing. To assess tissue exposure, rats are orally administered ASV (5 or 15 mg/kg, same vehicle as above), and blood, liver, and heart samples from two rats/group are obtained at 0.17, 0.5, 1, 2, 4, 6, 8, 24, 48, and 72 h after dosing. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

CUSTOMER VALIDATION

- Nature. 2020 Oct;586(7829):407-411.
- Cell. 2019 Aug 22;178(5):1145-1158.e20.
- Nat Methods. 2018 Jul;15(7):519-522.
- Signal Transduct Target Ther. 2021 May 29;6(1):212.
- Nat Neurosci. 2020 Feb;23(2):281-292.

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REFERENCES

- [1]. Pelosi LA, et al. Effect on HCV Replication by Combinations of Direct Acting Antivirals Including NS5A Inhibitor BMS-790052. Antimicrob Agents Chemother. 2012 Jul 30.
- [2]. McPhee F, et al. Preclinical Profile and Characterization of the Hepatitis C Virus NS3 Protease Inhibitor Asunaprevir (BMS-650032). Antimicrob Agents Chemother. 2012 Aug 6.
- [3]. McPhee F, et al. Resistance analysis of the hepatitis C virus NS3 protease inhibitor asunaprevir. Antimicrob Agents Chemother. 2012 Jul;56(7):3670-81.
- [4]. Pasquinelli C, et al. Single- and multiple-ascending-dose studies of the NS3 protease inhibitor asunaprevir in subjects with or without chronic hepatitis C. Antimicrob Agents Chemother. 2012 Apr;56(4):1838-44.
- [5]. Qi Sun, et al. Bardoxolone and bardoxolone methyl, two Nrf2 activators in clinical trials, inhibit SARS-CoV-2 replication and its 3C-like protease. Signal Transduct Target Ther. 2021 May 29;6(1):212.

Caution: Product has not been fully validated for medical applications. For research use only.

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