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SZABO-SCANDIC HandelsgmbH

Quellenstraße 110, A-1100 Wien

T. +43(0)1 489 3961-0

F. +43(0)1 489 3961-7

mail@szabo-scandic.com

www.szabo-scandic.com

linkedin.com/company/szaboscandic in



Proteins

Product Data Sheet



Cat. No.: HY-15148 CAS No.: 174484-41-4 $C_{31}H_{33}F_{3}N_{2}O_{5}S$ Molecular Formula: Molecular Weight: 602.66

Target: HIV Protease; HIV; SARS-CoV

Pathway: Anti-infection; Metabolic Enzyme/Protease

-20°C Storage: Powder 3 years

> 4°C 2 years

-80°C In solvent 2 years

> -20°C 1 year

SOLVENT & SOLUBILITY

In Vitro

DMSO: 200 mg/mL (331.86 mM; Need ultrasonic)

Ethanol: \geq 50 mg/mL (82.97 mM)

* "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	1.6593 mL	8.2966 mL	16.5931 mL
	5 mM	0.3319 mL	1.6593 mL	3.3186 mL
	10 mM	0.1659 mL	0.8297 mL	1.6593 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: 5 mg/mL (8.30 mM); Suspended solution; Need ultrasonic
- 2. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 5 mg/mL (8.30 mM); Clear solution
- 3. Add each solvent one by one: 10% EtOH >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: 2.5 mg/mL (4.15 mM); Suspended solution; Need ultrasonic
- 4. Add each solvent one by one: 10% EtOH >> 90% (20% SBE-β-CD in saline) Solubility: 2.5 mg/mL (4.15 mM); Suspended solution; Need ultrasonic
- 5. Add each solvent one by one: 10% EtOH >> 90% corn oil Solubility: ≥ 2.5 mg/mL (4.15 mM); Clear solution
- 6. Add each solvent one by one: 5% DMSO >> 40% PEG300 >> 5% Tween-80 >> 50% saline Solubility: 2.5 mg/mL (4.15 mM); Suspended solution; Need ultrasonic

BIOLOGICAL ACTIVITY

Description Tipranavir (PNU-140690) inhibits the enzymatic activity and dimerization of HIV-1 protease, exerts potent activity against multi-protease inhibitor (PI)-resistant HIV-1 isolates with IC50s of 66-410 nM^{[1][2]}. Tipranavir inhibits SARS-CoV-2 3CL^{pro} activity^[3]. IC50: 66-410 nM (HIV-1 isolates)[1] IC₅₀ & Target In Vitro Tipranavir (PNU-140690) inhibits the enzymatic activity of HIV-1 protease, blocks the dimerization of protease subunits, and exerts potent activity against a wide spectrum of wild-type and multi-PI-resistant HIV-1 variants. When a mixture of 11 multi- $PI-resistant (but TPV-sensitive) \ clinical \ isolates (HIV_{11MIX}), \ which \ include \ HIV_{B} \ and \ HIV_{C}, \ is \ selected \ against \ Tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \ HIV_{C} \ is \ tipranavir, \ HIV \ and \$ $_{11M|X}$ rapidly (by 10 passages [HIV $_{11M|X}$ P10]) acquires high-level Tipranavir (PNU-140690) resistance and replicates at high concentrations of Tipranavir (PNU-140690). cHIV_B^{I54V} and cHIV_B^{I54V/V82T} are significantly resistant to Tipranavir (PNU- $140690), with IC_{50}s of 2.9 and 3.2 \,\mu\text{M}, respectively, which are 11- and 12-fold increases in comparison to the IC_{50} against cHIV$ B, respectively^[1]. MCE has not independently confirmed the accuracy of these methods. They are for reference only. In Vivo Tipranavir (PNU-140690) is administered orally twice daily and must be given in combination with low-dose ritonavir (RTV) to boost Tipranavir bioavailability. In Tipranavir/r-cotreated mice, the Tipranavir (PNU-140690) abundance in the liver, spleen, and eyes is significantly higher than that in mice treated with Tipranavir alone. Tipranavir (PNU-140690) metabolites accounts for 31 and 38% in the serum and liver in the Tipranavir-alone group. In Tipranavir (PNU-140690) and Tipranavir (TPV/r)-cotreated mice, only 1 and 2% of metabolites are detected in the serum and liver. Sprague-Dawley rats are administered a single dose of [14C]Tipranavir (PNU-140690) with coadministration of RTV. The most abundant metabolite in feces is an oxidation metabolite. In urine, no single metabolite is found to be significantly present^[2].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

PROTOCOL

Animal Administration [2]

Mice^[2]

All mice (2-4 months old) are maintained under a standard 12-h dark and 12-h light cycle with water and chow provided ad libitum. For metabolomic analysis, Tipranavir (PNU-140690) (40 mg/kg) is administered via ball-tipped gavage needles, and the mice are housed in separate metabolic cages for 18 h. Urine and feces samples are collected and stored at –20°C for further analysis. For tissue distribution and inhibition studies, three groups of mice are used and are orally treated with Tipranavir (100 mg/kg), RTV (40 mg/kg), and Tipranavir (PNU-140690) (100 mg/kg Tipranavir and 40 mg/kg RTV), respectively. Tissues including the liver, brain, lung, kidney, spleen, and eyes are collected 30 min after treatment and stored at –20°C for further analysis.

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

CUSTOMER VALIDATION

- Signal Transduct Target Ther. 2021 May 29;6(1):212.
- Nat Commun. 2020 Sep 4;11(1):4417.
- Int J Antimicrob Agents. 2019 Dec;54(6):814-819.
- Talanta. 2018 May 1;181:182-189.
- Antimicrob Agents Chemother. 2020 Aug 20;64(9):e00872-20.

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REFERENCES

- [1]. Aoki M, et al. Loss of the protease dimerization inhibition activity of tipranavir (TPV) and its association with the acquisition of resistance to TPV by HIV-1. J Virol. 2012 Dec;86(24):13384-96.
- [2]. Li F, et al. Metabolism-mediated drug interactions associated with ritonavir-boosted tipranavir in mice. Drug Metab Dispos. 2010 May;38(5):871-8.
- [3]. 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.

Tel: 609-228-6898 Fax: 609-228-5909 E-mail: tech@MedChemExpress.com

Address: 1 Deer Park Dr, Suite Q, Monmouth Junction, NJ 08852, USA

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