Veralipride

Cat. No.: HY-101797

CAS No.: 66644-81-3

Molecular Formula: $C_{17}H_{25}N_3O_5S$

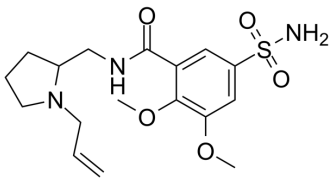
Molecular Weight: 383.46

Target: Dopamine Receptor

Pathway: GPCR/G Protein; Neuronal Signaling

Storage:

Powder	-20°C	3 years
	4°C	2 years
In solvent	-80°C	2 years
	-20°C	1 year



SOLVENT & SOLUBILITY

In Vitro

DMSO : ≥ 100 mg/mL (260.78 mM)

* "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Mass / Solvent / Concentration	1 mg	5 mg	10 mg
	1 mM	2.6078 mL	13.0392 mL	26.0783 mL
	5 mM	0.5216 mL	2.6078 mL	5.2157 mL
	10 mM	0.2608 mL	1.3039 mL	2.6078 mL

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

BIOLOGICAL ACTIVITY

Description

Veralipride is a D2 receptor antagonist. It is an alternative antidopaminergic treatment for menopausal symptoms.

In Vitro

Veralipride administration (100 mg/day for 30 days) induces a significant reduction in vasomotor symptoms and is more effective than placebo. Treatment is followed by the expected increase in plasma prolactin levels and by a significant decrease in mean plasma LH. A significant reduction is observed in objectively recorded hot flushes after Veralipride treatment[1]. Veralipride is well absorbed when administered orally, achieving maximal concentrations at 2.5 hours. It is poorly metabolized and is eliminated in the urine and feces. After oral administration, the half-life is 4 hours, and 44% is excreted without any changes in urine in the first 120 hours[2]. A total of 57 adverse events are registered during the 386-month treatment. For the 20×10 dosing schedule, the highest incidence is observed for anxiety (2.2%), drowsiness, and weakness (1.5%); for the 5 × 2 dosing schedule, the highest incidence is observed for drowsiness (5.3%) and headache (2.6%)[3]. Veralipride is known to cause extrapiramidal signs such as bucco-facial or limb dyskinesia. Veralipride may cause reversible parkinsonism[4].

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

REFERENCES

[1]. Melis GB, et al. Effects of the dopamine antagonist veralipride on hot flushes and luteinizing hormone secretion in postmenopausal women. Obstet Gynecol. 1988 Nov;72(5):688-92.

[2]. Carranza-Lira S, et al. Actual status of veralipride use. Clin Interv Aging. 2010 Sep 7;5:271-6.

[3]. Valencia MH, e al. Safety of veralipride for the treatment of vasomotor symptoms of menopause. Menopause. 2014 May;21(5):484-92.

[4]. Franchignoni FP, et al. Parkinson syndrome induced by veralipride. Minerva Ginecol. 1995 Jun;47(6):277-9.

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