Lovastatin

Cat. No.: HY-N0504 CAS No.: 75330-75-5 Molecular Formula: $C_{24}H_{36}O_{5}$

Molecular Weight: 404.54

Target: HMG-CoA Reductase (HMGCR); Autophagy; Ferroptosis Pathway: Metabolic Enzyme/Protease; Autophagy; Apoptosis

Storage: Powder -20°C 3 years 4°C 2 years

In solvent -80°C 6 months

> -20°C 1 month

Product Data Sheet

SOLVENT & SOLUBILITY

In Vitro

DMSO : ≥ 100 mg/mL (247.19 mM)

* "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	2.4719 mL	12.3597 mL	24.7194 mL
	5 mM	0.4944 mL	2.4719 mL	4.9439 mL
	10 mM	0.2472 mL	1.2360 mL	2.4719 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: ≥ 2.5 mg/mL (6.18 mM); Clear solution
- 2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.5 mg/mL (6.18 mM); Clear solution
- 3. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (6.18 mM); Clear solution

BIOLOGICAL ACTIVITY

Description	Lovastatin is a cell-permeable HMG-CoA reductase inhibitor used to lower cholesterol.	
IC ₅₀ & Target	$HMG ext{-}CoAreductase^{[1]}$	
In Vitro	Lovastatin (10 μ M; 72 hours) efficiently reduces viability of HepG2 cells ^[2] . ?Lovastatin (10 μ M; 48 hours) induces apoptosis in HepG2 cells ^[2] .	

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

Cell Viability Assay	2
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Cell Line:	HepG2 cells	
Concentration:	10 μΜ	
Incubation Time:	72 hours	
Result:	Efficiently reduced viability of HepG2 cells.	

In Vivo

Lovastatin is an inactive lactone that is hydrolyzed in the liver to an active f3-hydroxyacid form. This principal metabolite is the inhibitor of the enzyme HMG-CoA reductase. The K_i is 1 nM. Lovastatin and its β -hydroxyacid metabolite are highly bound to human plasma proteins. Lovastatin crosses the blood-brain and placental barriers [3]. Lovastatin produces a profound reduction of apolipoprotein-B-containing lipoproteins, especially LDL cholesterol and, to a lesser extent, plasma triglycerides, and a small increase in HDL cholesterol [4].

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CUSTOMER VALIDATION

- Signal Transduct Target Ther. 2023 May 10;8(1):183.
- Cell Metab. 2020 Apr 7;31(4):741-754.e5.
- Nat Commun. 2023 May 26;14(1):3050.
- Nucleic Acids Res. 2023 Sep 22;gkad759.
- Redox Biol. 2022 Feb;49:102207.

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REFERENCES

- [1]. Alberts AW, et al. Discovery, biochemistry and biology of lovastatin. Am J Cardiol. 1988 Nov 11;62(15):10J-15J.
- [2]. Kah J, et al. Selective induction of apoptosis by HMG-CoA reductase inhibitors in hepatoma cells and dependence on p53 expression. Oncol Rep. 2012 Sep;28(3):1077-83.
- [3]. Frishman WH, et al. Lovastatin: an HMG-CoA reductase inhibitor for lowering cholesterol. Med Clin North Am. 1989 Mar;73(2):437-48.
- [4]. Tobert JA, et al. Lovastatin and beyond: the history of the HMG-CoA reductase inhibitors. Nat Rev Drug Discov. 2003 Jul;2(7):517-26.
- [5]. Ifergan I, et al. Statins reduce human blood-brain barrier permeability and restrict leukocyte migration: relevance to multiple sclerosis. Ann Neurol. 2006 Jul;60(1):45-55.

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

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