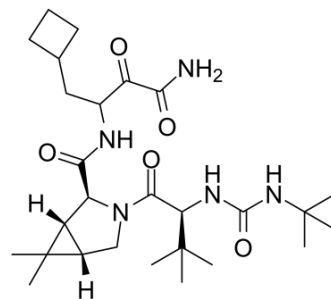


## Boceprevir

<b>Cat. No.:</b>	HY-10237
<b>CAS No.:</b>	394730-60-0
<b>Molecular Formula:</b>	C <sub>27</sub> H <sub>45</sub> N <sub>5</sub> O <sub>5</sub>
<b>Molecular Weight:</b>	519.68
<b>Target:</b>	HCV Protease; HCV; SARS-CoV
<b>Pathway:</b>	Anti-infection; Metabolic Enzyme/Protease
<b>Storage:</b>	-20°C, protect from light, stored under argon * In solvent : -80°C, 6 months; -20°C, 1 month (protect from light, stored under argon)



### SOLVENT & SOLUBILITY

<b>In Vitro</b>	DMSO : 16.67 mg/mL (32.08 mM; Need ultrasonic)				
		Solvent Concentration	Mass 1 mg	5 mg	10 mg
	<b>Preparing Stock Solutions</b>	1 mM	1.9243 mL	9.6213 mL	19.2426 mL
		5 mM	0.3849 mL	1.9243 mL	3.8485 mL
10 mM		0.1924 mL	0.9621 mL	1.9243 mL	
Please refer to the solubility information to select the appropriate solvent.					
<b>In Vivo</b>	<ol style="list-style-type: none"> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 40% PEG300 &gt;&gt; 5% Tween-80 &gt;&gt; 45% saline Solubility: ≥ 1.67 mg/mL (3.21 mM); Clear solution</li> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 90% (20% SBE-β-CD in saline) Solubility: 1.67 mg/mL (3.21 mM); Suspended solution; Need ultrasonic</li> <li>Add each solvent one by one: 10% DMSO &gt;&gt; 90% corn oil Solubility: ≥ 1.67 mg/mL (3.21 mM); Clear solution</li> </ol>				

### BIOLOGICAL ACTIVITY

<b>Description</b>	Boceprevir (EBP 520) is a potent, highly selective, orally bioavailable HCV NS3 protease inhibitor with a K <sub>i</sub> of 14 nM in both enzyme assay and an EC <sub>90</sub> of 350 nM in cell-based replicon assay <sup>[1][2][3][4][5]</sup> . Boceprevir inhibits SARS-CoV-2 3CL <sup>pro</sup> activity <sup>[6]</sup> .
<b>IC<sub>50</sub> &amp; Target</b>	Ki: 14 nM (HCV NS3 protease) <sup>[1]</sup>
<b>In Vitro</b>	In the HCV NS3 protease continuous assay, Boceprevir (SCH 503034) has a potency of 14 nM (K <sub>i</sub> ) average over a large number of runs. In the 72-h bicistronic subgenomic cell-based replicon assay in HuH-7 cells, the EC <sub>50</sub> and EC <sub>90</sub> values are determined

to be 0.20  $\mu\text{M}$  and 0.35  $\mu\text{M}$ , respectively. Boceprevir is also found to be a very weak inhibitor of HNE ( $K_i=26 \mu\text{M}$ ) representing a selectivity of 2200<sup>[1]</sup>.

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

#### In Vivo

Boceprevir, an HCV Protease Inhibitor for the Treatment of Hepatitis C Virus Infection. The pharmacokinetic profile of Boceprevir is evaluated in several animal species. Following oral administration, Boceprevir is moderately absorbed in rats (10 mg/kg), dogs (3 mg/kg), and monkeys (3 mg/kg). Absorption is relatively rapid in dogs but slower in mice (10 mg/kg), rats, and monkeys, as evidenced by mean absorption times (MAT) ranging from 0.5 to 1.4 h. The AUC is good in dogs and rats, moderate in mouse, and low in monkeys. The absolute oral bioavailability is modest in mouse, rats, and dogs (26-34%) but low in monkeys (4%)<sup>[1]</sup>. Boceprevir (100 mg/kg, orally) inhibit HCV NS3/4A protease activity in triple-transgenic mice<sup>[2]</sup>. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

## PROTOCOL

#### Animal Administration <sup>[2]</sup>

Mice<sup>[2]</sup>

Boceprevir is purchased from MedChem Express. To evaluate the effect of Boceprevir, triple-transgenic mice are induced with Doxycycline (Dox) for 10 days (n=5 per group). On the third day after Dox induction, when plasma Gluc activity reaches its peak, the mice are administered either Boceprevir (100 mg/kg) or DMSO via oral gavage twice daily for 7 days. During this period, blood is collected from the caudal vein daily to detect plasma Gluc activity.

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

## CUSTOMER VALIDATION

- Nat Methods. 2018 Jul;15(7):519-522.
- Signal Transduct Target Ther. 2021 May 29;6(1):212.
- Nat Commun. 2020 Sep 4;11(1):4417.
- J Med Chem. 2017 Jul 27;60(14):6364-6383.
- Int J Radiat Oncol Biol Phys. 2016 Nov 15;96(4):867-876.

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## REFERENCES

- [1]. Njoroge FG, et al. Challenges in modern drug discovery: a case study of boceprevir, an HCV protease inhibitor for the treatment of hepatitis C virus infection. *Acc Chem Res.* 2008 Jan;41(1):50-9.
- [2]. Yao M, et al. Conditional Inducible Triple-Transgenic Mouse Model for Rapid Real-Time Detection of HCV NS3/4A Protease Activity. *PLoS One.* 2016 Mar 4;11(3):e0150894.
- [3]. Coilly A, et al. Practical management of boceprevir and immunosuppressive therapy in liver transplant recipients with hepatitis C virus recurrence. *Antimicrob Agents Chemother.* 2012 Nov;56(11):5728-34.
- [4]. Berenguer M, et al. New developments in the management of hepatitis C virus infection: focus on boceprevir. *Biologics.* 2012;6:249-56.
- [5]. Burton MJ, et al. Telaprevir and boceprevir in african americans with genotype 1 chronic hepatitis C: implications for patients and providers. *South Med J.* 2012 Aug;105(8):431-6.
- [6]. 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.

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**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](mailto:tech@MedChemExpress.com)

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