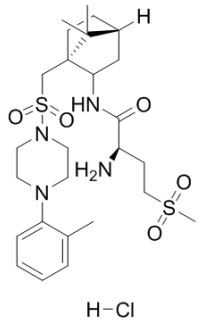
L-368,899 hydrochloride

Cat. No.:	HY-108677
CAS No.:	160312-62-9
Molecular Formula:	$C_{26}H_{43}ClN_4O_5S_2$
Molecular Weight:	591.23
Target:	Oxytocin Receptor
Pathway:	GPCR/G Protein
Storage:	Powder -20°C 3 years 4°C 2 years In solvent -80°C 6 months -20°C 1 month



Solvent & Solubility

In Vitro

DMSO : 130 mg/mL (219.88 mM; Need ultrasonic)

Preparing Stock Solutions	Concentration \ Solvent \ Mass	1 mg	5 mg	10 mg
	1 mM	1.6914 mL	8.4569 mL	16.9139 mL
	5 mM	0.3383 mL	1.6914 mL	3.3828 mL
	10 mM	0.1691 mL	0.8457 mL	1.6914 mL

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

In Vivo

1. Add each solvent one by one: **10% DMSO >> 90% corn oil**
   Solubility: ≥ 2.17 mg/mL (3.67 mM); Clear solution
2. Add each solvent one by one: **10% DMSO >> 90% (20% SBE-β-CD in saline)**
   Solubility: ≥ 2.17 mg/mL (3.67 mM); Clear solution
3. Add each solvent one by one: **10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline**
   Solubility: ≥ 2.17 mg/mL (3.67 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

L-368,899 hydrochloride is a potent, selective, orally bioavailable, non-peptide **oxytocin receptor** antagonist, with **IC 50**s of 8.9 nM and 26 nM for rat uterus and human uterus oxytocin receptor, respectively, used as a tocolytic agent.

IC_{50} & Target

IC50: 8.9 nM (rat uterus oxytocin receptor), 26 nM (human uterus oxytocin receptor)[1]

In Vitro

L-368,899 hydrochloride is a potent, orally bioavailable, non-peptide oxytocin receptor antagonist, with IC_{50}s of 8.9

nM and 26 nM for rat uterus and human uterus oxytocin receptor, respectively. L-368,899 is less active on vasopressin receptor in human liver and kidney, rat liver and kidney (IC_{50}, 510 nM, 960 nM, 890 nM, 2400 nM, respectively)[1].

REFERENCES

[1]. Williams PD, et al. 1-((7,7-Dimethyl-2(S)-(2(S)-amino-4-(methylsulfonyl)butyramido)bicyclo [2.2.1]-heptan-1(S)-yl)methyl)sulfonyl)-4-(2-methylphenyl)piperaz ine (L-368,899): an orally bioavailable, non-peptide oxytocin antagonist with potential utility for managing preterm labor. J Med Chem. 1994 Mar 4;37(5):565-71.

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