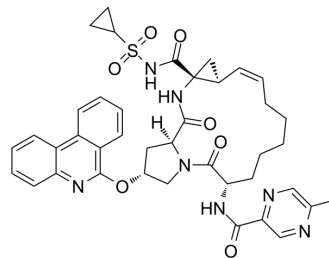


## Paritaprevir

<b>Cat. No.:</b>	HY-12594
<b>CAS No.:</b>	1216941-48-8
<b>Molecular Formula:</b>	C <sub>40</sub> H <sub>43</sub> N <sub>7</sub> O <sub>7</sub> S
<b>Molecular Weight:</b>	765.88
<b>Target:</b>	HCV; HCV Protease; SARS-CoV
<b>Pathway:</b>	Anti-infection; Metabolic Enzyme/Protease
<b>Storage:</b>	4°C, sealed storage, away from moisture and light * In solvent : -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture and light)



### SOLVENT & SOLUBILITY

#### In Vitro

DMSO : ≥ 125 mg/mL (163.21 mM)  
 H<sub>2</sub>O : ≥ 0.1 mg/mL (0.13 mM)  
 \* "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Concentration	Mass		
		1 mg	5 mg	10 mg
	1 mM	1.3057 mL	6.5284 mL	13.0569 mL
	5 mM	0.2611 mL	1.3057 mL	2.6114 mL
	10 mM	0.1306 mL	0.6528 mL	1.3057 mL

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

#### In Vivo

- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline  
Solubility: ≥ 2.08 mg/mL (2.72 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil  
Solubility: ≥ 2.08 mg/mL (2.72 mM); Clear solution

### BIOLOGICAL ACTIVITY

#### Description

Paritaprevir (ABT-450) is a potent, orally active and antiviral non-structural protein 3/4A (NS3/4A) protease inhibitor with EC<sub>50</sub>s of 1 and 0.21 nM against HCV 1a and 1b, respectively. Paritaprevir is also a SARS-CoV 3CL<sup>Pro</sup> inhibitor with an IC<sub>50</sub> of 1.31 μM. Paritaprevir is metabolized primarily by cytochrome P450 (CYP) 3A. The plasma concentration and half-life of Paritaprevir can be enhanced by Ritonavir (a CYP450 inhibitor)<sup>[1][2][3][4]</sup>.

#### IC<sub>50</sub> & Target

EC<sub>50</sub>: 1 nM (HCV 1a), 0.21 nM (HCV 1b)<sup>[1]</sup>  
 IC<sub>50</sub>: 1.31 μM (SARS-CoV 3CL<sup>Pro</sup>)<sup>[3]</sup>

#### In Vitro

Paritaprevir has in vitro antiviral activity against HCV GT1-4 and GT6 (EC<sub>50</sub> range, 0.09 to 19 nM), with an EC<sub>50</sub> of 0.09 nM

against GT4a<sup>[2]</sup>.

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

#### In Vivo

The combination of Paritaprevir, [Ritonavir](#), [Ombitasvir](#) (an NS5A protein inhibitor), and [Dasabuvir](#) (an NS5B non-nucleoside polymerase inhibitor) with or without RBV has been approved to treat HCV genotype 1 infections<sup>[1][4]</sup>.

The acute toxicity of Paritaprevir is considered to be low. Single oral doses of  $\leq 600$  mg/kg in rats and  $\leq 100$  mg/kg in dogs produces no mortality and were well tolerated. However, since Paritaprevir is administered without ritonavir as a PK enhancer, the exposures are low, especially in male rats (rat 600 mg/kg, males:  $C_{max}$  1.82  $\mu\text{g/mL}$ ,  $AUC_{0-24}$  8.89  $\mu\text{g}\cdot\text{h/mL}$ ; dog 100 mg/kg, mean:  $C_{max}$  61.3  $\mu\text{g/mL}$ ,  $AUC_{0-24}$  285  $\mu\text{g}\cdot\text{h/mL}$ ).

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. 2023 Jun 10;14(1):3445.
- Elife. 2020 Jun 9;9:e56469.
- Antiviral Res. 2017 Mar;139:18-24.
- J Gastroenterol. 2019 May;54(5):449-458.

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## REFERENCES

- [1]. Menon RM, et al. Drug-drug interaction profile of the all-oral anti-hepatitis C virus regimen of paritaprevir/ritonavir, ombitasvir, and dasabuvir. J Hepatol. 2015 Jul;63(1):20-9.
- [2]. Smith MA, et al. Profile of paritaprevir/ritonavir/ombitasvir plus dasabuvir in the treatment of chronic hepatitis C virus genotype 1 infection. Drug Des Devel Ther. 2015 Nov 13;9:6083-94.
- [3]. Schnell G, et al. Hepatitis C Virus Genotype 4 Resistance and Subtype Demographic Characterization of Patients Treated with Ombitasvir plus Paritaprevir/ritonavir. Antimicrob Agents Chemother. 2015 Aug 17. pii: AAC.01229-15.
- [4]. 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.**

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