Binimetinib

**Cat. No.:** HY-15202  
**CAS No.:** 606143-89-9  
**Molecular Formula:** C₁₇H₁₅BrF₂N₄O₃  
**Molecular Weight:** 441.23  
**Target:** MEK; Autophagy  
**Pathway:** MAPK/ERK Pathway; Autophagy  
**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: 50 mg/mL (113.32 mM; Need ultrasonic)

<table>
<thead>
<tr>
<th>Preparing Stock Solutions</th>
<th>Solvent</th>
<th>Mass</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concentration</strong></td>
<td><strong>1 mg</strong></td>
<td><strong>5 mg</strong></td>
</tr>
<tr>
<td>1 mM</td>
<td>2.2664 mL</td>
<td>11.3320 mL</td>
</tr>
<tr>
<td>5 mM</td>
<td>0.4533 mL</td>
<td>2.2664 mL</td>
</tr>
<tr>
<td>10 mM</td>
<td>0.2266 mL</td>
<td>1.1332 mL</td>
</tr>
</tbody>
</table>

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 (5.67 mM); Clear solution  
2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)  
   Solubility: ≥ 2.5 mg/mL (5.67 mM); Clear solution  
3. Add each solvent one by one: 10% DMSO >> 90% corn oil  
   Solubility: ≥ 2.5 mg/mL (5.67 mM); Clear solution

**BIOLOGICAL ACTIVITY**

**Description**  
Binimetinib (MEK162) is an oral and selective MEK1/2 inhibitor. Binimetinib (MEK162) inhibits MEK with an IC₅₀ of 12 nM.

**IC₅₀ & Target**  
<table>
<thead>
<tr>
<th>MEK</th>
<th>Autophagy</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 nM (IC₅₀)</td>
<td></td>
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</tbody>
</table>

**In Vitro**  
In MCF7 cells, RSK3 or RSK4 expression decreases response to treatment with any of the PI3K inhibitors alone. However, the combination of PI3K inhibition with Binimetinib (MEK162) or BI-D1870 completely reverses the resistance of RSK-expressing
Treatment with Binimetinib (ARRY-438162) reduces disease severity in a dose-related manner in both animal models. ARRY-438162 in the CIA model inhibits increases in ankle diameter by 27% and 50% at 1 and 3 mg/kg, while Ibuprofen has 46% inhibition. When combined with Ibuprofen, these same two doses result in 74% and 72% inhibition, respectively. Microscopic examination of the ankle joints show Binimetinib (ARRY-438162) significantly inhibits lesions (inflammation, cartilage damage, pannus formation and bone resorption) by 32% and 60% at 1 and 3 mg/kg, while treatment with Ibuprofen alone results in 17% inhibition, which is not significantly different from the controls. When these two doses of Binimetinib (ARRY-438162) are combined with ibuprofen, the result is 54% and 77% inhibition of joint destruction. In AIA, 3 and 10 mg/kg of Binimetinib (ARRY-438162) inhibit AIA ankle diameter 11% and 34%, while MTX has 33% inhibition. When combined with MTX, 3 and 10 mg/kg of Binimetinib (ARRY-438162) result in 55% and 71% inhibition. Microscopic examination of ankle joints for inflammation and bone resorption also shows improved efficacy versus either compound alone. When Binimetinib (MEK162) is combined with BEZ235, a significant reduction of tumor growth is observed (P=0.01). This increase in antitumor activity is accompanied by a decrease in phospho-ERK and phospho-S6 staining. No significant changes are observed in phospho-4EBP1 staining, a direct target of mTOR activity. MCE has not independently confirmed the accuracy of these methods. They are for reference only.

In Vivo

MCF7 cells infected as indicated are seeded in 12-well plates (2×10^4). After 24 hours, cells are treated with BEZ235 (100 or 200 nM), BKM120 (0.75 or 1 μM), GDC-0941 (1 μM), or MK2206 (2 μM) alone or in combination with Binimetinib (MEK162) (1 μM), BI-D1870 (10 μM), or AZD6244 (1 μM), as indicated in text. Cell numbers are quantified by fixing cells with 4% glutaraldehyde or methanol, washing the cells twice in H2O, and staining the cells with 0.1% crystal violet. The dye is subsequently extracted with 10% acetic acid, and its absorbance is determined (570 nm). Growth curves are performed in triplicate. Viability assays with CellTiter-Glo are performed by plating 2,000 cells in 96-well plates, adding the drug at 24 hours, and assaying 4 to 5 days after drug addition. Cell-cycle and hypodiploid apoptotic cells are quantified by flow cytometry. Briefly, cells are washed with PBS, fixed in cold 70% ethanol, and then stained with propidium iodide while being treated with RNase. Quantitative analysis of sub-G1 cells is carried out in a FACS Calibur cytometer using Cell Quest software. MCE has not independently confirmed the accuracy of these methods. They are for reference only. Rat collagen-induced arthritis (CIA) and rat adjuvant-induced arthritis (AIA) models are used to determine efficacy in the subacute inflammation setting. In the CIA studies, rats with established disease, induced by injections of Type II collagen, are treated with 0.3, 1 or 3 mg/kg ARRY-438162 (PO, BID) with or without 30 mg/kg ibuprofen (PO, QD) for six days. Body weight and ankle diameter are used to monitor disease progression on days 0-7. The AIA model is induced by an injection of a lipoidal amine in FCA on day 0. The AIA rats are treated with 1, 3 or 10 mg/kg Binimetinib (ARRY-438162) (PO, QD) beginning on day 8 and continuing for 6 days, with or without the addition of 0.05 mg/kg CL14377 (PO, QD) which is dosed days 0-13. Disease progression is monitored on days 7-14 measuring both paw diameter and body weight.
MCE has not independently confirmed the accuracy of these methods. They are for reference only.

CUSTOMER VALIDATION

- Cell Syst. 2020 Oct 21;S2405-4712(20)30370-7.

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REFERENCES


