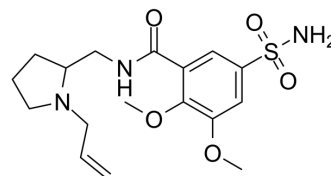


Veralipride

Cat. No.:	HY-101797		
CAS No.:	66644-81-3		
Molecular Formula:	C ₁₇ H ₂₅ N ₃ O ₅ S		
Molecular Weight:	383.46		
Target:	Dopamine Receptor		
Pathway:	GPCR/G Protein; Neuronal Signaling		
Storage:	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	2 years
		-20°C	1 year



SOLVENT & SOLUBILITY

In Vitro

DMSO : ≥ 100 mg/mL (260.78 mM)
 * "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Concentration	Mass		
		1 mg	5 mg	10 mg
	1 mM	2.6078 mL	13.0392 mL	26.0783 mL
	5 mM	0.5216 mL	2.6078 mL	5.2157 mL
	10 mM	0.2608 mL	1.3039 mL	2.6078 mL

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

BIOLOGICAL ACTIVITY

Description

Veralipride is a D2 receptor antagonist. It is an alternative antidopaminergic treatment for menopausal symptoms.

In Vitro

Veralipride administration (100 mg/day for 30 days) induces a significant reduction in vasomotor symptoms and is more effective than placebo. Treatment is followed by the expected increase in plasma prolactin levels and by a significant decrease in mean plasma LH. A significant reduction is observed in objectively recorded hot flushes after Veralipride treatment^[1]. Veralipride is well absorbed when administered orally, achieving maximal concentrations at 2.5 hours. It is poorly metabolized and is eliminated in the urine and feces. After oral administration, the half-life is 4 hours, and 44% is excreted without any changes in urine in the first 120 hours^[2]. A total of 57 adverse events are registered during the 386-month treatment. For the 20×10 dosing schedule, the highest incidence is observed for anxiety (2.2%), drowsiness, and weakness (1.5%); for the 5 × 2 dosing schedule, the highest incidence is observed for drowsiness (5.3%) and headache (2.6%)^[3]. Veralipride is known to cause extrapyramidal signs such as bucco-facial or limb dyskinesia. Veralipride may cause reversible parkinsonism^[4].
 MCE has not independently confirmed the accuracy of these methods. They are for reference only.

REFERENCES

- [1]. Melis GB, et al. Effects of the dopamine antagonist veralipride on hot flushes and luteinizing hormone secretion in postmenopausal women. *Obstet Gynecol.* 1988 Nov;72(5):688-92.
- [2]. Carranza-Lira S, et al. Actual status of veralipride use. *Clin Interv Aging.* 2010 Sep 7;5:271-6.
- [3]. Valencia MH, et al. Safety of veralipride for the treatment of vasomotor symptoms of menopause. *Menopause.* 2014 May;21(5):484-92.
- [4]. Franchignoni FP, et al. Parkinson syndrome induced by veralipride. *Minerva Ginecol.* 1995 Jun;47(6):277-9.
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Caution: Product has not been fully validated for medical applications. For research use only.

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