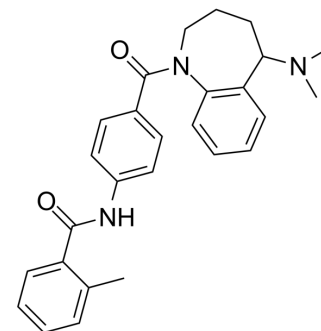


## Mozavaptan

<b>Cat. No.:</b>	HY-18346		
<b>CAS No.:</b>	137975-06-5		
<b>Molecular Formula:</b>	C <sub>27</sub> H <sub>29</sub> N <sub>3</sub> O <sub>2</sub>		
<b>Molecular Weight:</b>	427.54		
<b>Target:</b>	Vasopressin Receptor		
<b>Pathway:</b>	GPCR/G Protein		
<b>Storage:</b>	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	2 years
		-20°C	1 year



### SOLVENT & SOLUBILITY

#### In Vitro

DMSO : 6.2 mg/mL (14.50 mM; Need warming)

Solvent	Mass	Concentration		
		1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM	2.3390 mL	11.6948 mL	23.3896 mL
	5 mM	0.4678 mL	2.3390 mL	4.6779 mL
	10 mM	0.2339 mL	1.1695 mL	2.3390 mL

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

### BIOLOGICAL ACTIVITY

#### Description

Mozavaptan (OPC-31260) is a benzazepine derivative and a potent, selective, competitive and orally active vasopressin V<sub>2</sub> receptor antagonist with an IC<sub>50</sub> of 14 nM. Mozavaptan shows ~85-fold selectivity for V<sub>2</sub> receptor over V<sub>1</sub> receptor (IC<sub>50</sub> of 1.2 μM), and can antagonize the antidiuretic action of arginine vasopressin (AVP) in vivo. Mozavaptan has the potential for hyponatremia, syndrome of inappropriate antidiuretic hormone (SIADH), and congestive heart failure treatment<sup>[1][2]</sup>.

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

IC<sub>50</sub>: 14 nM (Vasopressin V<sub>2</sub> receptor); 1.2 μM (Vasopressin V<sub>1</sub> receptor)<sup>[1]</sup>

#### In Vitro

Mozavaptan (OPC-31260) inhibits AVP binding to binding to rat liver (V<sub>1</sub> receptor) and kidney (V<sub>2</sub> receptor) plasma membranes in a competitive manner and that it is about 100 times more selective for V<sub>2</sub> receptors. K<sub>d</sub> value for [3H]-AVP in rat liver is 1.1 nM; in rat kidney is 1.38 nM. The K<sub>d</sub> of [3H]-AVP is reduced significantly in both rat liver and kidney in the presence of Mozavaptan (K<sub>d</sub> of 2.47 nM and 5.51 nM for V<sub>1</sub> receptor at the doses of 0.3 μM and 1 μM, respectively; K<sub>d</sub> of 2.4 nM and 4.03 nM for V<sub>2</sub> receptor at the doses of 0.3 μM and 1 μM, respectively)<sup>[1]</sup>.

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

#### In Vivo

Mozavaptan (OPC-31260; 1-30 mg/kg; oral administration; hydrated conscious rats) treatment dose-dependently increases

urine flow and decreased urine osmolality<sup>[1]</sup>.

Mozavaptan (OPC-31260; 10-100 µg/kg; intravenous injection; male Sprague-Dawley rats) treatment inhibits the antidiuretic action of exogenously administered arginine vasopressin (AVP) in water-loaded, alcohol-anaesthetized rats in a dose-dependent manner<sup>[1]</sup>.

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

Animal Model:	Hydrated conscious rats (300-350 g) <sup>[1]</sup>
Dosage:	1 mg/kg, 3 mg/kg, 10 mg/kg, 30 mg/kg
Administration:	Oral administration
Result:	Dose-dependently increased urine flow and decreased urine osmolality.

## CUSTOMER VALIDATION

- Eur J Pharmacol. 2020 Aug 5;880:173157.

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## REFERENCES

[1]. Yamamura Y, et al. Characterization of a novel aquaretic agent, OPC-31260, as an orally effective, nonpeptide vasopressin V2 receptor antagonist. Br J Pharmacol. 1992 Apr;105(4):787-91.

[2]. Yamaguchi K, et al. Clinical implication of the antidiuretic hormone (ADH) receptor antagonist mozavaptan hydrochloride in patients with ectopic ADH syndrome. Jpn J Clin Oncol. 2011 Jan;41(1):148-52.

**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