Product Data Sheet

Irbesartan

Cat. No.: HY-B0202 CAS No.: 138402-11-6 Molecular Formula: C₂₅H₂₈N₆O Molecular Weight: 428.53

Target: Angiotensin Receptor; Apoptosis Pathway: GPCR/G Protein; Apoptosis Powder

> 4°C 2 years In solvent -80°C 2 years

-20°C

-20°C 1 year

SOLVENT & SOLUBILITY

In Vitro

Storage:

DMSO: 100 mg/mL (233.36 mM; Need ultrasonic)

3 years

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	2.3336 mL	11.6678 mL	23.3356 mL
	5 mM	0.4667 mL	2.3336 mL	4.6671 mL
	10 mM	0.2334 mL	1.1668 mL	2.3336 mL

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 (5.83 mM); Clear solution
- 2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE- β -CD in saline) Solubility: ≥ 2.5 mg/mL (5.83 mM); Clear solution
- 3. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (5.83 mM); Clear solution

BIOLOGICAL ACTIVITY

Description	Irbesartan (SR-47436) is an orally active Ang II type 1 (AT1) receptor blocker (ARB). Irbesartan can relax the blood vessels, low blood pressure and increase the supply of blood and oxygen to the heart. Irbesartan can be used for the research of high blood pressure, heart failure, and diabetic kidney disease ^[1] .
In Vitro	Irbesartan (20 μ M, 3 h) reduces Th22 cells chemotaxis in vitro ^[1] . Irbesartan (0 μ M, 20 μ M, 40 μ M and 60 μ M) suppresses Th22 cells differentiation in vitro ^[1] . Irbesartan (20 μ M) inhibits Th22 cells related proinflammatory response of TECs in vitro ^[1] .

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

Cell Viability Assay^[1]

Cell Line: CD4+ T cells

Concentration: 0, 20, 40 and 60 μM

In Vivo

Incubation Time:

Result:

Irbesartan (oral gavage; 50 mg/kg/d; once daily) reduces Th22 lymphocytosis and serum IL-22 level in Ang II-infused mice^[1]. Irbesartan (oral gavage; 50 mg/kg/d; once daily) exerts obvious renoprotective effects^[1].

Irbesartan (oral gavage; 50 mg/kg/d; once daily) relieves systemic inflammation and renal fibrosis in hypertension mice induced by Ang II^[1].

Exerted no obvious effect on viability of CD4⁺T cells.

Irbesartan hydrochloride (20 μ M; for 3 h) can attenuate Th22 cells recruitment and IL-22 secretion, which might be through inhibiting chemotaxis in hypertensive renal injury mice^[1].

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48 h

Animal Model:	C57BL/6 mice $^{[1]}$	
Dosage:	50 mg/kg	
Administration:	oral gavage; 50 mg/kg/d; once daily	
Result:	Displayed low Th22 cells and IL-22, exerted similar inhibitory effect on Th1 cell proportion and displayed decreased IL-22 level in kidney. Prevented BP elevation markedly and decreased urinary albumin/creatinine ratio, BUN and Scr. Repressed the expression of IL-1 β , IL-6, TNF- α , α -SMA, FN and Col I and diminished the extent of fibrosis.	
Animal Model:	C57BL/6 mice $^{[1]}$	
Dosage:	20 μΜ	
Administration:	20 μM; for 3 h	
Result:	Downregulated renal CCL20, CCL22 and CCL27 concentrations.	

CUSTOMER VALIDATION

- J Exp Clin Cancer Res. 2023 May 4;42(1):111.
- Atherosclerosis. 2019 Jul 23;288:124-136.
- Biomedicines. 2021, 9(12), 1820.
- Saudi Pharm J. 13 January 2022.

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REFERENCES

- [1]. Yong Zhong, et al. Irbesartan may relieve renal injury by suppressing Th22 cells chemotaxis and infiltration in Ang II-induced hypertension. Int Immunopharmacol
- [2]. Schupp M, et al. Angiotensin type 1 receptor blockers induce peroxisome proliferator-activated receptor-gamma activity. Circulation. 2004 May 4;109(17):2054-7. Epub 2004 Apr 26.

[3]. Ruiz E, et al. Importance of intracellular angiotensin II in vascular smooth muscle cell apoptosis: inhibition by the angiotensin AT1 receptor antagonist irbesartan. Eur J Pharmacol. 2007 Jul 19;567(3):231-9. Epub 2007 Apr 6.

Caution: Product has not been fully validated for medical applications. For research use only.

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