

产品名称: **Lomitapide**

产品别名: 洛美他派

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|---------------------------|--|-----------------------------------|-------------|-------------|
| 生物活性:                     |  |                                   |             |             |
| Description               | Lomitapide (AEGR-733; BMS-201038) is a potent inhibitor of microsomal triglyceride-transfer protein (MTP) with an IC <sub>50</sub> of 8 nM in vitro.   |                                   |             |             |
| IC <sub>50</sub> & Target | IC50: 8 nM (MTP)[1]  |                                   |             |             |
| In Vitro                  | Lomitapide is an oral microsomal triglyceride transfer protein (MTP) inhibitor indicated for the treatment of patients with HoFH, a rare form of hypercholesterolemia that can lead to premature atherosclerotic disease. Lomitapide undergoes hepatic metabolism via cytochrome P-450 (CYP) isoenzyme 3A4 and interacts with CYP3A4 substrates including atorvastatin and simvastatin[2].   |                                   |             |             |
| In Vivo                   | The use of lomitapide alone or in combination with other lipid-lowering modalities reduces plasma concentrations of low density lipoprotein cholesterol (LDL-C) by a mean of more than 50%. Lomitapide is associated with significant gastrointestinal adverse effects and increases in hepatic fat levels. The bioavailability of the 50-mg lomitapide capsule is 7.1%. The mean half-life of lomitapide is 39.7 hours[2]. Single-dose administration of lomitapide is shown to reduce serum triglycerides by 35% and 47% at 0.3- and 1-mg/kg doses, respectively. Multiple-dose treatment with lomitapide also results in dose dependent decrease in triglycerides (71%–87%), nonesterified fattyacids(33%–40%), and LDL-C(26-29%)[3]. |                                   |             |             |
| Solvent&Solubility        | <b>In Vitro:</b><br><b>DMSO : ≥ 100 mg/mL (144.15 mM)</b><br><b>H2O : &lt; 0.1 mg/mL (insoluble)</b><br><br>* "≥" means soluble, but saturation unknown.   |                                   |             |             |
|                           | <b>Preparing Stock Solutions</b>   | <b>Solvent Mass Concentration</b> | <b>1 mg</b> | <b>5 mg</b> |
|                           |  | 1 mM                              | 1.4415 mL   | 7.2075 mL   |
|                           |  | 5 mM                              | 0.2883 mL   | 1.4415 mL   |
|                           |  | 10 mM                             | 0.1442 mL   | 0.7208 mL   |
|                           | *请根据产品在不同溶剂中的溶解度选择合适的溶剂配制储备液；一旦配成溶液，请分装保存，避免反复冻融造成的产品失效。<br>储备液的保存方式和期限 -80℃, 6 months; -20℃, 1 month。 -80℃ 储存时，请在 6 个月内使用， -20℃ 储存时，请在 1 个月内使用。<br><b>In Vivo:</b><br>请根据您的实验动物和给药方式选择适当的溶解方案。以下溶解方案都请先按照 <b>In Vitro</b> 方式配制澄清的储备液，再依次添加助溶剂：<br>——为保证实验结果的可靠性，澄清的储备液可以根据储存条件，适当保存；体内实验的工作液，建议您现用现配，当天使用； 以下溶剂前显示的百分比是指该溶剂在您配制终溶液中的体积占比；如在配制过程中出现沉淀、析出现象，可以通过加热和/或超声的方式助溶<br><div>1.请依序添加每种溶剂： 10% DMSO→40% PEG300 →5% Tween-80 → 45% saline<br/>Solubility: ≥ 2.5 mg/mL (3.60 mM); Clear solution</div> <div>此方案可获得 ≥ 2.5 mg/mL (3.60 mM，饱和度未知) 的澄清溶液。</div> <div>以 1 mL 工作液为例，取 100 μL 25.0 mg/mL 的澄清 DMSO 储备液加到 400 μL PEG300 中，混合均匀<br/>向上述体系中加入 50 μL Tween-80，混合均匀；然后继续加入 450 μL 生理盐水定容至 1 mL。</div>                             |                                   |             |             |

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|-----------------------|--|
|                       | <p>2.请依序添加每种溶剂： 10% DMSO→ 90% (20% SBE-β-CD in saline)<br/>Solubility: 2.5 mg/mL (3.60 mM); Suspended solution; Need ultrasonic<br/>此方案可获得 2.5 mg/mL (3.60 mM)的均匀悬浊液，悬浊液可用于口服和腹腔注射。</p> <p>以 1 mL 工作液为例，取 100 μL 25.0 mg/mL 的澄清 DMSO 储备液加到 900 μL 20% 的 SBE-β-CD 生理盐水水溶液中，混合均匀。</p> <p>3.请依序添加每种溶剂： 10% DMSO →90% corn oil<br/>Solubility: ≥ 2.5 mg/mL (3.60 mM); Clear solution<br/>此方案可获得 ≥ 2.5 mg/mL (3.60 mM，饱和度未知) 的澄清溶液，此方案不适用于实验周期在半个月以上的实验。</p> <p>以 1 mL 工作液为例，取 100 μL 25.0 mg/mL 的澄清 DMSO 储备液加到 900 μL 玉米油中，混合均匀。</p>   |
| References            | <p>[1]. <a href="#">Sulsky R, et al. 5-Carboxamido-1,3,2-dioxaphosphorinanes, potent inhibitors of MTP. Bioorg Med Chem Lett. 2004 Oct 18;14(20):5067-70.</a></p> <p>[2]. <a href="#">Davis KA. et al. Lomitapide: A novel agent for the treatment of homozygous familial hypercholesterolemia. Am J Health Syst Pharm. 2014 Jun 15;71(12):1001-8.</a></p> <p>[3]. <a href="#">Dhote V, et al. Inhibition of microsomal triglyceride transfer protein improves insulin sensitivity and reduces atherogenic risk in Zucker fatty rats. Clin Exp Pharmacol Physiol. 2011 May;38(5):338-44.</a></p>   |
| 实验参考：                 |  |
| Animal Administration | <p>Rats: BMS-201038 is formulated in 0.1% hydroxyl ethyl cellulose and 0.5% Tween 80 in deionized water. Rats in the control group are administered vehicle (2 mL/kg) p.o. Fasted rats are administered 0.3 and 1 mg/kg, p.o., BMS-201038, followed 1 h later by 250 mg/kg, i.v., Triton WR1339. Blood samples are obtained from rats up to 240 min after Triton WR1339 injection to estimate serum triglyceride concentrations. For evaluation of post-prandial lipaemia, fasted rats are administered 0.3 and 1 mg/kg, p.o., BMS-201038, followed 1 h later by a corn oil bolus (6 mL/kg) by oral gavage. Blood samples are again collected up to 1440 min after corn oil administration for the estimation of serum triglyceride concentrations[3].</p> |
| References            | <p>[1]. <a href="#">Sulsky R, et al. 5-Carboxamido-1,3,2-dioxaphosphorinanes, potent inhibitors of MTP. Bioorg Med Chem Lett. 2004 Oct 18;14(20):5067-70.</a></p> <p>[2]. <a href="#">Davis KA. et al. Lomitapide: A novel agent for the treatment of homozygous familial hypercholesterolemia. Am J Health Syst Pharm. 2014 Jun 15;71(12):1001-8.</a></p> <p>[3]. <a href="#">Dhote V, et al. Inhibition of microsomal triglyceride transfer protein improves insulin sensitivity and reduces atherogenic risk in Zucker fatty rats. Clin Exp Pharmacol Physiol. 2011 May;38(5):338-44.</a></p>   |