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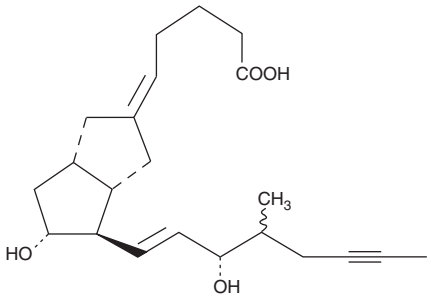
PRODUCT INFORMATION

Iloprost

Item No. 18215

CAS Registry No.:	78919-13-8
Formal Name:	6,9α-methylene-11α,15S-dihydroxy-16-methyl-prosta-5E,13E-dien-18-yn-1-oic acid
Synonyms:	Ciloprost
MF:	$C_{22}H_{32}O_4$
FW:	360.5
Purity:	≥97%
Supplied as:	A solution in methyl acetate
Storage:	-20°C
Stability:	≥2 years



Information represents the product specifications. Batch specific analytical results are provided on each certificate of analysis.

Laboratory Procedures

Iloprost is supplied as a solution in methyl acetate. To change the solvent, simply evaporate the methyl acetate under a gentle stream of nitrogen and immediately add the solvent of choice. Solvents such as ethanol, DMSO, and dimethyl formamide (DMF) purged with an inert gas can be used. The solubility of iloprost in ethanol and DMF is approximately 30 mg/ml and approximately 25 mg/ml in DMSO.

Iloprost is sparingly soluble in aqueous buffers. For maximum solubility in aqueous buffers, the methyl acetate solution of iloprost should be diluted with the aqueous buffer of choice. The solubility of iloprost in PBS (pH 7.2) is approximately 1 mg/ml. We do not recommend storing the aqueous solution for more than one day.

Description

Iloprost is a second generation structural analog of prostacyclin (PGI) with about ten-fold greater potency than the first generation stable analogs, typified by carbaprostacyclin.[1] Iloprost binds with equal affinity to the human recombinant IP and EP_1 receptors with a K_i of 11 nM.[2] Iloprost constricts the isolated guinea pig ilium and fundus circular smooth muscle (an EP_1 receptor preparation) as strongly as prostaglandin E_2 (PGE_2) itself.[3] Iloprost inhibits the ADP, thrombin, and collagen-induced aggregation of human platelets with an ED_{50} of about 13 nM.[1] In whole animals, iloprost acts as a vasodilator, hypotensive, antidiuretic, and prolongs bleeding time.[4] It has been evaluated in several human clinical studies as a treatment for idiopathic pulmonary hypertension.[5,6] In these studies, an aerosolized dose of 30 µg/day was effective, and doses as high as 150 µg/day for up to a year were well tolerated.

References

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