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siehe unsere Liefer- und Versandbedingungen

Zuschläge

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- Trockeneiszuschlag
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- Expressversand

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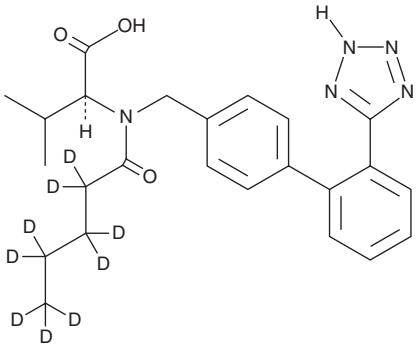
PRODUCT INFORMATION

Valsartan-d_9

Item No. 25226

CAS Registry No.: 1089736-73-1
Formal Name: N-(1-oxopentyl-2,2,3,3,4,4,5,5,5-d_9)-N-[[2'-(2H-tetrazol-5-yl)[1,1'-biphenyl]-4-yl]methyl]-L-valine

MF: $C_{24}H_{20}D_9N_5O_3$
FW: 444.6
Chemical Purity: ≥98% (Valsartan)
Deuterium Incorporation: ≥99% deuterated forms (d_1-d_9); ≤1% d_0
Supplied as: A solid
Storage: -20°C
Stability: ≥2 years



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

Laboratory Procedures

Valsartan-d_9 is intended for use as an internal standard for the quantification of valsartan (Item No. 14178) by GC- or LC-MS. The accuracy of the sample weight in this vial is between 5% over and 2% under the amount shown on the vial. If better precision is required, the deuterated standard should be quantitated against a more precisely weighed unlabeled standard by constructing a standard curve of peak intensity ratios (deuterated *versus* unlabeled).

Valsartan-d_9 is supplied as a solid. A stock solution may be made by dissolving the valsartan-d_9 in the solvent of choice. Valsartan-d_9 is soluble in organic solvents such as ethanol, DMSO, and dimethyl formamide, which should be purged with an inert gas. The solubility of valsartan-d_9 in these solvents is approximately 30 mg/ml.

Description

Valsartan is a nonpeptide antagonist of the angiotensin II type 1 (AT_1) receptor (IC_{50} = 2.7 nM).[1] It is 20,000-fold selective for AT_1 over AT_2 and, unlike some other AT receptor antagonists, does not alter peroxisome proliferator-activated receptor γ (PPARγ) activity *in vitro*.[2] *In vivo*, valsartan (30 mg/kg) increases cardiac output and reduces left ventricular fibrosis in a model of heart failure with reduced ejection fraction in mice with streptozotocin-induced diabetes.[3] Formulations containing valsartan have been used in the treatment of hypertension and heart failure.[2,4,5]

References

1. Burnier, M. Angiotensin II type 1 receptor blockers. *Circulation* **103(6)**, 904-912 (2001).
2. Munger, M.A. Use of angiotensin receptor blockers in cardiovascular protection: Current evidence and future directions. *PT* **36(1)**, 22-40 (2011).
3. Suematsu, Y., Miura, S., Goto, M., *et al.* LCZ696, an angiotensin receptor-neprilysin inhibitor, improves cardiac function with the attenuation of fibrosis in heart failure with reduced ejection fraction in streptozotocin-induced diabetic mice. *Eur. J. Heart Fail.* **18(4)**, 386-393 (2016).
4. Irons, B.K., Tsikouris, J.P., and Thomas, A.A. The use of angiostensin receptor blockers in the treatment of chronic heart failure. *J. Cardiovasc. Pharmacol.* **44(6)**, 718-724 (2004).
5. Schiffrin, E.L. Beyond blood pressure: The endothelium and atherosclerosis progression. *Am. J. Hypertens.* **15(10 Pt 2)**, 115S-122S (2002).

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