

# Iloperidone

**Catalog No: tcsc1236**



## Available Sizes

**Size:** 10mg

**Size:** 50mg

**Size:** 100mg



## Specifications

**CAS No:**

133454-47-4

**Formula:**

$C_{24}H_{27}FN_2O_4$

**Pathway:**

GPCR/G Protein;Neuronal Signaling;Neuronal Signaling;GPCR/G Protein

**Target:**

Dopamine Receptor;Dopamine Receptor;5-HT Receptor;5-HT Receptor

**Purity / Grade:**

>98%

**Solubility:**

DMSO : 50 mg/mL (117.24 mM; Need ultrasonic)

**Alternative Names:**

HP 873

**Observed Molecular Weight:**

426.48

## Product Description

Iloperidone(HP 873) is a D2/5-HT2 receptor antagonist, which is an atypical antipsychotic for the treatment of schizophrenia symptoms.

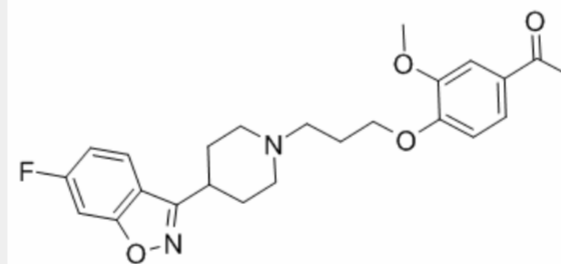
IC50 value:

Target: 5-HT receptor; D2 receptor

Iloperidone (HP 873) is a compound currently in clinical trials for the treatment of schizophrenia. Iloperidone displays affinity for dopamine D2 receptors and for 5-HT<sub>2A</sub> receptors and has a variety of in vivo activities suggestive of an atypical antipsychotic. Iloperidone displayed higher affinity for the dopamine D<sub>3</sub> receptor ( $K_i = 7.1$  nM) than for the dopamine D<sub>4</sub> receptor ( $K_i = 25$  nM). Iloperidone displayed high affinity for the 5-HT<sub>6</sub> and 5-HT<sub>7</sub> receptors ( $K_i = 42.7$  and  $21.6$  nM, respectively), and was found to have higher affinity for the 5-HT<sub>2A</sub> ( $K_i = 5.6$  nM) than for the 5-HT<sub>2C</sub> receptor ( $K_i = 42.8$  nM) [1]. Iloperidone was eliminated slowly, with a mean  $t_{1/2}$  of 13.5 to 14.0 hours. Coadministration with food did not significantly affect AUC,  $t_{max}$ , or  $C_{max}$ . These results indicate that the rate of iloperidone's absorption is decreased, but the overall bioavailability is unchanged, when the drug is taken with food. Orthostatic hypotension, dizziness, and somnolence were the most commonly reported adverse events [2]. Iloperidone pharmacokinetics and pharmacodynamics are presented herein, together with an evaluation of clinical safety and efficacy results [3].

Clinical indications: Post traumatic stress disorder; Schizophrenia

Toxicity: Commonly observed adverse reactions (incidence  $\geq 5\%$  and two-fold greater than placebo) were: dizziness, dry mouth, fatigue, nasal congestion, orthostatic hypotension, somnolence, tachycardia, and weight increased.



All products are for RESEARCH USE ONLY. Not for diagnostic & therapeutic purposes!