

Product Data Sheet

Product Name: Azelastine

Cat. No.: GC33879

Chemical Properties

Cas. No. 58581-89-8

SMILES O=C1N(C2CCN(C)CCC2)N=C(CC3=CC=C(C(Cl)C=C3)C4=C1C=CC=C4

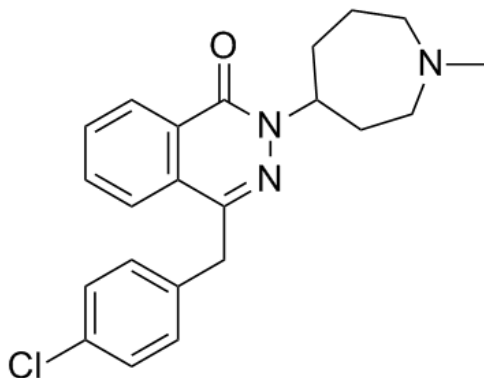
Formula $C_{22}H_{24}ClN_3O$ M.Wt 381.9

Solubility Soluble in DMSO Storage Store at -20°C

General tips For obtaining a higher solubility, please warm the tube at 37 °C and shake it in the ultrasonic bath for a while. Stock solution can be stored below -20°C for several months.

Shipping Condition Evaluation sample solution: ship with blue ice All other available size: ship with RT, or blue ice upon request.

Structure



Background

Azelastine is a potent, second-generation, selective, histamine antagonist. Target: Histamine Receptor. Azelastine is a selective H₁-receptor antagonist that inhibits histamine release and interferes with activation of several other mediators of allergic inflammation. Azelastine can inhibit CHMCs activation and release of IL-6, tryptase, and histamine. On an equimolar basis, azelastine was a more potent inhibitor than olopatadine [1]. Topical azelastine progressively improved itching and conjunctival redness in PAC patients compared to placebo and was at least as effective as levocabastine. Rapid relief is consistent with H₁-receptor antagonist action, while continued

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

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improvement up to 6 weeks may be consistent with mechanisms involving other mediators of allergic inflammation [2]. Azelastine nasal spray was reported to control all rhinitis symptoms, including nasal congestion, regardless of rhinitis diagnosis during the 2-week study period. Patients with seasonal allergic rhinitis and patients with seasonal allergic rhinitis plus nonallergic triggers were identified as patient types most likely to respond to azelastine nasal spray [3].

[1]. Kempuraj, D., et al., Azelastine is more potent than olopatadine in inhibiting interleukin-6 and tryptase release from human umbilical cord blood-derived cultured mast cells. *Ann Allergy Asthma Immunol*, 2002. 88(5): p. 501-6. [2]. Canonica, G.W., et al., Topical azelastine in perennial allergic conjunctivitis. *Curr Med Res Opin*, 2003. 19(4): p. 321-9. [3]. Lieberman, P., M.A. Kaliner, and W.J. Wheeler, Open-label evaluation of azelastine nasal spray in patients with seasonal allergic rhinitis and nonallergic vasomotor rhinitis. *Curr Med Res Opin*, 2005. 21(4): p. 611-8.

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