

## CTOP TFA

**Cat. No.:** HY-P1329A

**Molecular Formula:** OC(C(F)(F)F)=O.O=C(N[C@@H](CC2=CNC3=CC=CC=C23)[C@H](CC4=CC=C(O)C=C4)NC([C@@H](NC([C@@H](CC5=CC=CC=C5)N)=O)CSSC([C@@H](N[C@@H](C(C)C)C)C)C)C)C

**Sequence:** {D-Phe}-Cys-Tyr-{D-Trp}-{Orn}-Thr-{Pen}-Thr-NH<sub>2</sub> (Disulfide bridge:Cys2-Pen7)

**Sequence:** {D-Phe}-CY-{D-Trp}-{Orn}T{Pen}T-NH<sub>2</sub> (Disulfide bridge:Cys2-Pen7)

(D-Phe)-CY-(D-Trp)-(Orn)T{Pen}T-NH<sub>2</sub> (Disulfide bridge:Cys2-Pen7) (TFA salt)

**Shortening:**

**Target:** Opioid Receptor

**Pathway:** GPCR/G Protein; Neuronal Signaling

**Storage:** Sealed storage, away from moisture and light

Powder     -80°C     2 years  
                  -20°C     1 year

\* In solvent : -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture and light)

### SOLVENT & SOLUBILITY

<b>In Vitro</b>	H <sub>2</sub> O : 50 mg/mL (Need ultrasonic)
<b>In Vivo</b>	1. Add each solvent one by one: PBS Solubility: 100 mg/mL (Infinity mM); Clear solution; Need ultrasonic

### BIOLOGICAL ACTIVITY

<b>Description</b>	CTOP TFA is a potent and highly selective $\mu$ -opioid receptor antagonist. CTOP TFA antagonizes the acute analgesic effect and hypermotility. CTOP TFA enhances extracellular dopamine levels in the nucleus accumbens. CTOP TFA dose-dependently enhances locomotor activity <sup>[1][2]</sup> .
<b>IC<sub>50</sub> &amp; Target</b>	$\mu$ Opioid Receptor/MOR
<b>In Vivo</b>	<p>CTOP TFA (0-0.5 nmol, ICV, once) antagonizes the analgesic effect in a dose-dependent manner<sup>[1]</sup>.</p> <p>CTOP TFA (0-2 nmol, ICV, once) causes withdrawal hypothermia and a loss of body weight in animals<sup>[1]</sup>.</p> <p>CTOP TFA (0-1.5 nmol per side, Intra-VTA injection) enhances extracellular dopamine levels in the nucleus accumbens and dose-dependently enhances locomotor activity<sup>[2]</sup>.</p> <p>MCE has not independently confirmed the accuracy of these methods. They are for reference only.</p>
<b>Animal Model:</b>	Male C57BL/6 mice (25-30 g) <sup>[1]</sup>
<b>Dosage:</b>	0, 0.001, 0.05, 0.075, 0.1, and 0.5 nmol (made up in artificial cerebrospinal fluid (CSF) and kept in plastic tubes at -25°C until use)

Administration:	Intracerebroventricular (i.c.v.) administration, once
Result:	Antagonized the analgesic effect in a dose-dependent manner, antagonized the induced hypermotility in a dose-dependent manner.
Animal Model:	Male CFLP mice (25-30 g, Acute dependence to morphine was induced by a single dependence-inducing (100 mg/kg) dose of morphine-HC1) <sup>[1]</sup>
Dosage:	0, 0.001, 0.05, 0.2, and 2 nmol
Administration:	Intracerebroventricular (i.c.v.) administration, once
Result:	Decreased the body temperature in a dose-dependent manner, and caused withdrawal hypothermia and a loss of body weight in animals.
Animal Model:	Long-Evans hooded rats (12, male, 350-450 g) <sup>[2]</sup>
Dosage:	0, 0.015, 0.15, and 1.5 nmol per side
Administration:	Intra-VTA (ventral tegmental area) injection
Result:	Enhanced extracellular dopamine levels in the nucleus accumbens, dose-dependently increased activity, whereas had no effect on feeding and drinking behavior.

## CUSTOMER VALIDATION

- J Neurosci. 2022 Sep 8;JN-RM-1182-22.

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## REFERENCES

- [1]. Gulya K, et al. Central effects of the potent and highly selective  $\mu$  opioid antagonist D-Phe-Cys-Tyr-D-Trp-Orn-Thr-Pen-Thr-NH<sub>2</sub> (CTOP) in mice. Eur J Pharmacol. 1988 Jun 10;150(3):355-60.
- [2]. Badiani A, et al. Intra-VTA injections of the mu-opioid antagonist CTOP enhance locomotor activity. Brain Res. 1995 Aug 28;690(1):112-6.

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

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