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B0935 ▶ **Sigma-Aldrich®**

Benazepril hydrochloride

★★★★★ (0)

≥98% (HPLC), solid

Synonym(s):

(3S)-3-[[[(1S)-1-(Ethoxycarbonyl)-3-phenylpropyl]amino]-2,3,4,5-tetrahydro-2-oxo-1H-1-benzazepine-1-acetic acid hydrochloride

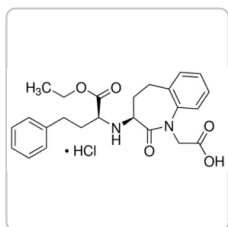
Empirical Formula (Hill Notation):
 $C_{24}H_{28}N_2O_5 \cdot HCl$
CAS Number: **86541-74-4**
Molecular Weight: 460.95

MDL number: **MFCD00895734**
PubChem Substance ID: **24724409**
NACRES: NA.77

SKU	Pack Size	Availability	Price	Quantity	
B0935-250MG	250 MG	Estimated to ship on November 23, 2022	€817.00	- +	
B0935-500MG	500 MG	Only 1 left in stock (more on the way) Details...	€1,420.00	- +	

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RECOMMENDED PRODUCTS

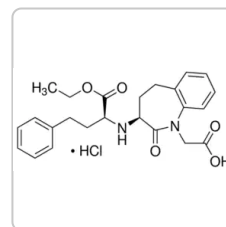


Y0001025

Benazepril hydrochloride

European Pharmacopoeia (EP) Reference Standard

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Supelco

PHR1912

Benazepril hydrochloride

Pharmaceutical Secondary Standard; Certified Reference Material

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PROPERTIES

Quality Level	100
assay	≥98% (HPLC)
form	solid
solubility	H ₂ O: >5 mg/mL
originator	Novartis
SMILES string	<chem>Cl[H].CCOC(=O)[C@H](CCc1ccccc1)N[C@H]2CCc3ccccc3N(CC(O)=O)C2=O</chem>
InChI	1S/C24H28N2O5.ClH/c1-2-31-24(30)20(14-12-17-8-4-3-5-9-17)25-19-15-13-18-10-6-7-11-21(18)26(23(19)29)16-22(27)28;/h3-11,19-20,25H,2,12-16H2,1H3,(H,27,28);1H/t19-,20-;/m0./s1

InChI key

VPSRQEHTHIMDQM-FKLPMGAJSA-N

Gene Information

human ... [ACE\(1636\)](#)

Looking for similar products? Visit [Product Comparison Guide](#)

DESCRIPTION

Packaging

250, 500 mg in glass bottle

Biochem/physiol Actions

Benazepril is a long-acting angiotensin converting enzyme (ACE) inhibitor.

Features and Benefits

This compound was developed by [Novartis](#). To browse the list of other pharma-developed compounds and Approved Drugs/Drug Candidates, [click here](#).

SAFETY INFORMATION

Pictograms



Signal Word

Warning

Hazard Statements

[H361fd](#)

Precautionary Statements

[P201 - P202 - P280 - P308 + P313 - P405 - P501](#)

GHS08**Hazard Classifications**

Repr. 2

Storage Class Code

11 - Combustible Solids

WGK

WGK 2

Flash Point(F)

Not applicable

Flash Point(C)

Not applicable

**Personal Protective
Equipment**

dust mask type N95 (US),

Eyeshields, Gloves

DOCUMENTATION

Certificate of Analysis

Enter Lot Number to search for Certificate of Analysis (COA).

Lot Number

e.g. 023J5431

How to enter Lot Number (COA)

Search

Certificate of Origin

Enter Lot Number to search for Certificate of Origin (COO).

Lot Number

e.g. 023J5431

How to enter Lot Number (COO)

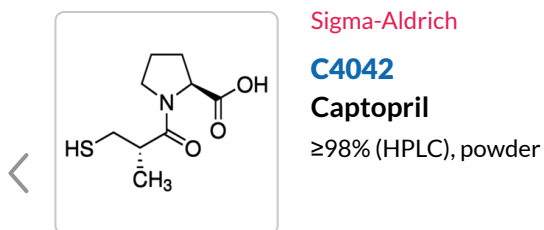
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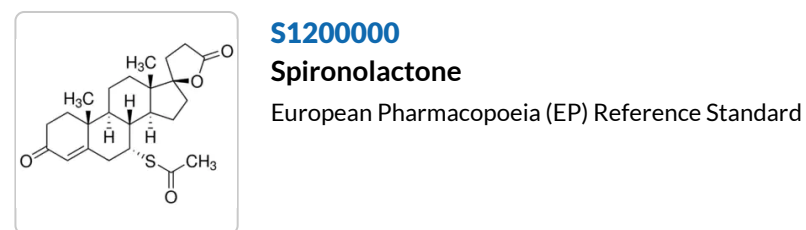
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PEER REVIEWED PAPERS

The effects of antihypertensive agents on the survival rate of polycystic kidney disease in Han:SPRD rats.

Yoshihiko Kanno et al.

Hypertension research : official journal of the Japanese Society of Hypertension, 25(6), 939-943 (2002-12-18)

Autosomal dominant polycystic kidney disease (ADPKD) is the most common hereditary renal disorder in humans. Hypertension is one of the major complications, and its control might affect the renal survival and disease mortality. Suitable antihypertensive agents have been discussed based

Using ACE inhibitors appropriately.

Daphne P Bicket

American family physician, 66(3), 461-468 (2002-08-17)

When first introduced in 1981, angiotensin-converting enzyme (ACE) inhibitors were indicated only for treatment of refractory hypertension. Since then, they have been shown to reduce morbidity or mortality in congestive heart failure, myocardial infarction, diabetes mellitus, chronic renal insufficiency, and

Trough:peak ratio of the blood pressure response to angiotensin converting enzyme inhibitors.

A Salvetti et al.

Journal of hypertension. Supplement : official journal of the International Society of Hypertension, 12(8), S91-S94 (1994-11-01)

SHORT- VERSUS LONG-ACTING ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS: Although ACE inhibitors are widely used in the treatment of hypertension, there are few data on trough:peak ratios and the data are contradictory. Part of the explanation for this lies in differences

Liquid chromatography-tandem mass spectrometry method for determination of aliskiren in saliva and its application to a clinical trial with healthy volunteers.

Bjoern B Burckhardt et al.

Journal of pharmaceutical and biomedical analysis, 96, 118-126 (2014-04-18)

Although serum and plasma are the biological fluids of choice for pharmacokinetic determination of drugs in adults, it is desirable to elucidate noninvasive methods which can be used for investigations in vulnerable groups such as children. If the drug properties

Simultaneous quantitative and qualitative analysis of aliskiren, enalapril and its active metabolite enalaprilat in undiluted human urine utilizing LC-ESI-MS/MS.

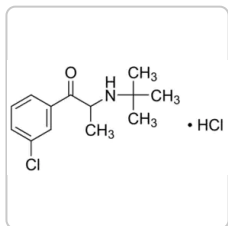
Bjoern B Burckhardt et al.

Biomedical chromatography : BMC, 28(12), 1679-1691 (2014-05-03)

The benefit-risk ratio of combined blocking by the direct renin inhibitor aliskiren and an angiotensin-converting enzyme inhibitor (e.g. enalapril) on the renin-angiotensin-aldosterone system is discussed. No method was available for simultaneous determination of both drugs in urine. A novel sensitive

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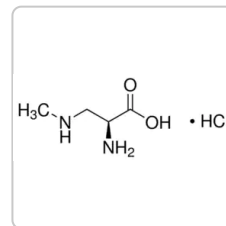
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Sigma-Aldrich

B102**Bupropion hydrochloride**

≥98% (HPLC), solid

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Sigma-Aldrich

B107**L-BMAA hydrochloride**

≥97% (NMR), powder

[View Price and Availability](#)

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