Regadenoson Intravenous Monograph for Adults

Who can administer

Registered competent doctor or nurse in specialist unit only

Important information

- Severe, life-threatening reactions have been reported. See Monitoring section
- **Medicines to avoid prior to regadenoson use**

Medicine	Notes
Methylxanthines **including caffeine and theophylline**	Avoid for at least 12 hours before regadenoson use
Dipyridamole	When possible hold for at least 2 days before regadenoson use

In addition to medicines, **food and drinks containing methylxanthines** would need to be avoided for at least 12 hours prior to use of regadenoson (e.g. coffee, tea, Red bull, cocoa, chocolate, cola beverages)

Available preparations

Rapiscan 400 microgram in 5ml solution for injection (80 micrograms/ml)

Reconstitution

Already in solution

Infusion fluids

Not required. However injection of Regadenoson should be followed by saline, and then the radiopharmaceutical (see method)

Methods of intravenous administration

Bolus intravenous injection (into peripheral vein)

1. **Administer as a rapid, 10-second injection** into a peripheral vein using a 22-gauge or larger catheter or needle

2. Follow **immediately** with 5 ml of sodium chloride 0.9% solution for injection, then

3. **Follow after 10 to 20 seconds** with the radiopharmaceutical . The radiopharmaceutical may be injected directly into the same catheter as regadenoson [ref 1]

Dose in adults

For use in Myocardial Perfusion Imaging(MPI)

- Administer a single injection of 400 micrograms regadenoson (5 ml) into a peripheral vein
- No dose adjustment necessary for body weight
- **May be used ONCE only within a 24 hour period**

Monitoring

- Cardiorespiratory resuscitation equipment must be available for immediate use
- Continuous ECG monitoring should be performed
- Monitor vital signs at frequent intervals until ECG parameters, heart rate and blood pressure have returned to pre-dose levels
- Monitor patients for signs of **myocardial ischaemia**, **hypotension, clinically significant increases in blood pressure (which can lead to hypertensive crisis), TIA/CVA, seizure activity, atrial fibrillation or flutter, bronchoconstriction, Long QT syndrome, sinoatrial and atrioventricular nodal block**

Further information

- Aminophylline may be administered in doses ranging from 50 to 250mg by slow intravenous injection to attenuate severe and/or persistant adverse reactions to regadenoson, but should not be used solely for the purpose of terminating a seizure induced by regadenoson

Storage

Store below 25^{0}C

References

SPC Downloaded from EMEA 11/02/2025

1. UpToDate, downloaded 11/02/2025

Therapeutic classification

Selective coronary vasodilator