

This information is intended for US healthcare professionals only.

Prescribing Information



The most widely used pharmacologic stress agent^a

^aSymphony Health Solutions, NonRetailSource, January 2020, based on Astellas market definition of pharmacologic stress agents, as used in single-photon emission computed tomography myocardial perfusion imaging (SPECT MPI).

[I am a US healthcare professional](#)

[I am a patient](#)

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

Lexiscan® (regadenoson) injection is a pharmacologic stress agent indicated for radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise stress.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer Lexiscan to patients with second- or third-degree AV block or sinus node dysfunction unless these patients have a functioning artificial pacemaker.

WARNINGS AND PRECAUTIONS

Myocardial Ischemia

Fatal and nonfatal myocardial infarction, ventricular arrhythmias, and cardiac arrest have occurred following Lexiscan injection. Avoid use in patients with symptoms or signs of acute myocardial ischemia, for example unstable angina or cardiovascular instability; these patients may be at greater risk of serious cardiovascular reactions to Lexiscan. Cardiac resuscitation equipment and trained staff should be available before administering Lexiscan. Adhere to the recommended duration of injection. As noted in an animal study, longer injection times may increase the duration and magnitude of increase in coronary blood flow. If serious reactions to Lexiscan occur, consider the use of aminophylline, an adenosine antagonist, to shorten the duration of increased coronary blood flow induced by Lexiscan.

Sinoatrial and Atrioventricular Nodal Block

Adenosine receptor agonists, including Lexiscan, can depress the SA and AV nodes and may cause first-, second-, or third-degree AV block, or sinus bradycardia requiring intervention. In postmarketing experience, heart block (including third degree), and asystole within minutes of Lexiscan administration have occurred.

Atrial Fibrillation/Atrial Flutter

New-onset or recurrent atrial fibrillation with rapid ventricular response and atrial flutter have been reported following Lexiscan injection.

IMPORTANT SAFETY INFORMATION AND INDICATION

+

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer Lexiscan to patients with second- or third-degree AV block or sinus node dysfunction unless these patients have a functioning artificial pacemaker.

This information is intended for US healthcare professionals only.

[Prescribing Information](#)



The most widely used pharmacologic stress agent^a

^aSymphony Health Solutions, NonRetailSource, January 2020, based on Astellas market definition of pharmacologic stress agents, as used in single-photon emission computed tomography myocardial perfusion imaging (SPECT MPI).

[I am a US healthcare professional](#)

[I am a patient](#)

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

Lexiscan® (regadenoson) injection is a pharmacologic stress agent indicated for radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise stress.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer Lexiscan to patients with second- or third-degree AV block or sinus node dysfunction unless these patients have a functioning artificial pacemaker.

WARNINGS AND PRECAUTIONS

Myocardial Ischemia

Fatal and nonfatal myocardial infarction, ventricular arrhythmias, and cardiac arrest have occurred following Lexiscan injection. Avoid use in patients with symptoms or signs of acute myocardial ischemia, for example unstable angina or cardiovascular instability; these patients may be at greater risk of serious cardiovascular reactions to Lexiscan. Cardiac resuscitation equipment and trained staff should be available before administering Lexiscan. Adhere to the recommended duration of injection. As noted in an animal study, longer injection times may increase the duration and magnitude of increase in coronary blood flow. If serious reactions to Lexiscan occur, consider the use of aminophylline, an adenosine antagonist, to shorten the duration of increased coronary blood flow induced by Lexiscan.

Sinoatrial and Atrioventricular Nodal Block

Adenosine receptor agonists, including Lexiscan, can depress the SA and AV nodes and may cause first-, second-, or third-degree AV block, or sinus bradycardia requiring intervention. In postmarketing experience, heart block (including third degree), and asystole within minutes of Lexiscan administration have occurred.

Atrial Fibrillation/Atrial Flutter

New-onset or recurrent atrial fibrillation with rapid ventricular response and atrial flutter have been reported following Lexiscan injection.

ADVERSE REACTIONS

In clinical trials, the most common adverse reactions (≥5%) to Lexiscan were dyspnea, headache, flushing, chest discomfort, angina pectoris or ST-segment depression, dizziness, chest pain, nausea, abdominal discomfort, dysgeusia, and feeling hot. Most adverse reactions began soon after dosing, and generally resolved within approximately 15 minutes, except for headache, which resolved in most patients within 30 minutes. Aminophylline was used as a reversal agent in 3% of patients.

In postmarketing experience, the following additional adverse reactions have occurred: supraventricular tachyarrhythmias, acute coronary

IMPORTANT SAFETY INFORMATION AND INDICATION

+

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer Lexiscan to patients with second- or third-degree AV block or sinus node dysfunction unless these patients have a functioning artificial pacemaker.

This information is intended for US healthcare professionals only.

Prescribing Information



The most widely used pharmacologic stress agent^a

^aSymphony Health Solutions, NonRetailSource, January 2020, based on Astellas market definition of pharmacologic stress agents, as used in single-photon emission computed tomography myocardial perfusion imaging (SPECT MPI).

[I am a US healthcare professional](#)

[I am a patient](#)

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

Lexiscan® (regadenoson) injection is a pharmacologic stress agent indicated for radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise stress.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer Lexiscan to patients with second- or third-degree AV block or sinus node dysfunction unless these patients have a functioning artificial pacemaker.

WARNINGS AND PRECAUTIONS

Myocardial Ischemia

Fatal and nonfatal myocardial infarction, ventricular arrhythmias, and cardiac arrest have occurred following Lexiscan injection. Avoid use in patients with symptoms or signs of acute myocardial ischemia, for example unstable angina or cardiovascular instability; these patients may be at greater risk of serious cardiovascular reactions to Lexiscan. Cardiac resuscitation equipment and trained staff should be available before administering Lexiscan. Adhere to the recommended duration of injection. As noted in an animal study, longer injection times may increase the duration and magnitude of increase in coronary blood flow. If serious reactions to Lexiscan occur, consider the use of aminophylline, an adenosine antagonist, to shorten the duration of increased coronary blood flow induced by Lexiscan.

Sinoatrial and Atrioventricular Nodal Block

Adenosine receptor agonists, including Lexiscan, can depress the SA and AV nodes and may cause first-, second-, or third-degree AV block, or sinus bradycardia requiring intervention. In postmarketing experience, heart block (including third degree), and asystole within minutes of Lexiscan administration have occurred.

Atrial Fibrillation/Atrial Flutter

New-onset or recurrent atrial fibrillation with rapid ventricular response and atrial flutter have been reported following Lexiscan injection.

IMPORTANT SAFETY INFORMATION AND INDICATION

+

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer Lexiscan to patients with second- or third-degree AV block or sinus node dysfunction unless these patients have a functioning artificial pacemaker.