Sinoatrial and Atrioventricular Nodal Block

Fatal Cardiac Arrest, Life Threatening Ventricular Arrhythmias, and Myocardial Infarction.

Intravenous Adenoscan should not be administered to individuals with:

- Known or suspected bronchoconstrictive or bronchospastic lung disease (e.g., asthma).
- Second- or third-degree AV block (except in patients with a functioning artificial pacemaker).
- Severe uncontrolled hypertension.
- Severe uncontrolled hypotension.
- Prior history of hypotensive or asthmatic reactions to Adenoscan.
- History of obstructive pulmonary disease. Adenoscan should be used with caution in patients with obstructive lung disease not associated with bronchoconstriction and histamine release. These effects have not been observed in normal subjects. Adenoscan has been administered to a limited number of patients with obstructive lung disease who have not reacted adversely.

Drug Interactions

Intravenous Adenoscan has been given with other cardioactive drugs (such as beta adrenergic blocking agents, cardiac glycosides, and calcium channel blockers) without apparent adverse interactions, but its effectiveness with these agents has not been systematically evaluated. Because

Adenoscan infusion. Patients with unstable angina may be at greater risk. Appropriate resuscitative measures should be available.

Contraindications

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Precautions

Drug Administration

Adenoscan is an injectable powder supplied in glass vials for reconstitution with sterile water for injection, 40 mg in 5 ml. It is chemically 9-amino-9-D-ribofuranosyl-9-H-purine.

Adenoscan is a white crystalline powder. It is stable under normal and practical conditions. However, sensitivity of some older individuals, however, cannot be ruled out.

INFORMATION FOR PATIENTS

Inadequate Adenoscan should not be administered to individuals with:

1. Known or suspected bronchoconstrictive or bronchospastic lung disease.
2. Second- or third-degree atrioventricular block (except in patients with a functioning artificial pacemaker).
3. Severe uncontrolled hypertension.
4. Severe uncontrolled hypotension.
5. History of obstructive pulmonary disease who have not reacted adversely.

Adenoscan should be withheld for at least five half-lives prior to the use of Adenoscan.

The injection should be as close to the venous access as possible to prevent an inadvertent increase in the dose of Adenoscan (the contents of the solution is between 4.5 and 7.5.

Adenoscan should be given as a continuous peripheral intravenous infusion.

The following list consists of adverse reactions reported in less than 1% of patients:

- Gastrointestinal discomfort: 13%
- Throat, neck or jaw discomfort: 15%
- Dyspnea or urge to breathe deeply: 28%
- Arrhythmias: 1%
- Nervousness: 2%