



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Committee for Medicinal Products for Human Use (CHMP)

Rapiscan

Scientific conclusions and grounds recommending the variation to the terms of the marketing authorisation

International non-proprietary name: regadenoson

Procedure No. EMEA/H/C/001176/PSUV/0013

Period covered by the PSUR: 10 October 2012 – 9 April 2013



Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR for Rapiscan, the scientific conclusions of PRAC are as follows:

Since regadenoson was launched there have been 113 reports of serious adverse reactions regarding off label use. During this reporting period, trial 3606-CL-3004, which is investigating the efficacy and safety of regadenoson following an inadequate exercise test, was suspended because of a case of acute coronary syndrome. Subsequent changes to the trial protocol to minimise this risk highlight the concern that for some patients with ischemic heart disease, combining regadenoson with exercise may pose an unacceptable risk. The safety and efficacy of combining exercise with regadenoson have not been established. Therefore, it was agreed to update the SmPC to reflect this information. Off label use of regadenoson in combination with exercise has been added to the RMP as an important potential risk.

A review of cases of atrial flutter/fibrillation indicates that regadenoson can worsen (or cause the recurrence of) atrial fibrillation. The MAH has therefore been asked to update sections 4.4 of the SmPC that regadenoson should be used with caution in patients with a history of atrial fibrillation or flutter. As in post-marketing experience there have been cases of worsening or recurrence of atrial fibrillation after administration of this medicinal product, also section 4.8 of the SmPC was updated to clarify that, as well as causing new-onset atrial fibrillation, regadenoson may worsen or cause a recurrence of atrial fibrillation.

It was agreed that because safety of using regadenoson has not been established in patients with recent myocardial infarction, as these patients were excluded from clinical trials, a statement should be added to section 4.4 of the SmPC that regadenoson should be used with caution in this group of patients.

The comparative data with adenosine has shown an increased risk of convulsions with regadenoson, which could reflect differences in the pharmacological activity of the two drugs. However, regardless of whether there is indeed a higher risk of seizures with regadenoson, it was agreed, that section 4.4 of the SmPC should be revised to minimise this risk by warning doctors of risk factors such as a history of seizures.

Package leaflet was updated accordingly to the SmPC changes recommended above.

The CHMP agrees with the scientific conclusions made by the PRAC.

Grounds recommending the variation to the terms of the Marketing Authorisation

On the basis of the scientific conclusions for Rapiscan, the CHMP is of the opinion that the benefit-risk balance of the medicinal product containing the active substance REGADENOSON is favourable subject to the proposed changes to the product information.

The CHMP recommends that the terms of the Marketing Authorisation should be varied.