



Background and Purpose Nebulized beta-agonists are a first-line treatment for patients with asthma or COPD exacerbations, but may not yield sufficient bronchodilation. MN-221 is a novel, highly selective beta₂-adrenoceptor agonist that is being developed as an i.v. adjunctive for the treatment of acute exacerbations of asthma. The cardiac stimulating action of MN-221 may be limited by its high selectivity for beta₂ and its partial agonist activity at beta₁ receptors. The **objective** of this study was to determine whether MN-221, intravenously administered to dogs concurrently receiving nebulized albuterol, leads to adverse cardiovascular function (HR, BP, and ECG).

Cardiovascular Effects of i.v. MN-221 (bedoradrine) Administered with Nebulized Albuterol in Dogs

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×	Conclusions
•	Separate Albuterol or MN-221 treatment increases HR
•	i.v. MN-221 at clinically-relevant doses added to nebulized Albuterol does not increase HR above that observed with Albuterol alone
•	Likewise, the combination treatment did not yield significantly elevated MAP or QTc Interval
•	i.v. MN-221 added to nebulized Albuterol does not adversely affect cardiovascular parameters in telemetered dogs.
	 The high beta₂ selectivity and partial beta₁ action of MN-221 may explain the safety observed.