Cardiac Services BC
Provincial Health Services Authority

BC AFC Amiodarone Initiation and Titration Pathway (For Prescribers)

Document Purpose: Standardized recommendations for initiation of **amiodarone** and ongoing monitoring/patient management

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Clinical Indication:

- Symptomatic AF refractory to or with contraindications to other therapeutic alternatives

Absolute Contraindications:

- High degree atrioventricular conduction disorders (unless functioning pacemaker is present)
- Evidence of active hepatitis or significant chronic liver disease
- Pulmonary interstitial abnormalities
- Pre-existing QTc prolongation (congenital or acquired long QT syndromes)
    - Consider avoiding amiodarone in the presence of a QTc >440 msec (men) or >460 msec (women) in the absence of a pre-existing bundle branch block
- Hypersensitivity to the drug components, including iodine

Relative Contraindications (caution for use):

- Sinus bradycardia (<50 bpm)
- Hypokalemia or hypomagnesemia (correct imbalances prior to use and throughout therapy)
- Concomitant use of strong CYP3A inhibitors (ketoconazole, itraconazole, voriconazole, cyclosporine, telithromycin, clarithromycin, nefazodone, and ritonavir)
- Concurrent use of other QT prolonging agents
- Uncontrolled thyroid dysfunction

Baseline Investigations:

- Blood pressure
- ECG (within 1 week)
- Laboratory investigations (within 1 month) - Serum electrolytes, LFTs, Creatinine/eGFR, TSH
- Respiratory investigations (if anticipated use >6 months) - Chest X-ray, PFT with DLCO

Dosing:

- Loading Dose
    - 600 to 800 mg daily, in divided doses until 10 g total or
    - 400 mg twice daily x 1 week then 400 mg once daily x 2 weeks or
    - 400 mg daily x 1 month
- Maintenance Dose:
    - 200 mg daily (lower maintenance doses can be considered)

Monitoring - Routine Surveillance for chronic amiodarone use

- ECG - every 6-12 months if stable
- Liver Panel & Thyroid Function Tests - every 6 months
- Chest-RAY – every 12 months
- Eye Exam – as needed for symptoms
- Pulmonary Function Test – as needed if symptoms arise

Parameter	Frequency	Considerations

ECG	Within 7 days of a dose change, at the end of the loading phase, and every 6-12 months	• QTc increases >25% of baseline or to ≥500 ms
		  ○ Notify MD/NP
		  ○ Given the risk of torsades is lower for amiodarone it may be acceptable to accept a higher QTc (e.g. up to 550 ms)
		  ○ Look for reversible causes of QTc prolongation such as hypokalemia, hypomagnesemia, drug interactions etc.
		• Heart rate <50 bpm
		  ○ Notify MD/NP; consider reducing dose or discontinue

Patient response	With each dose change and at each patient follow-up appointment	• If symptoms improved and/or decreased frequency of episodes: ○ Maintain at current dose and arrange follow-up (including Holter) as per algorithm below.

Medication Tolerance	With each dose change, and at each patient follow-up appointment	• Dizziness/lightheadedness
		  ○ If acute onset, severe, or persistently problematic send for clinical review
		  ○ Strongly consider holding amiodarone pending the outcome of clinical review
		• Headache/Sleep Disturbance/GI disturbances
		  ○ Supportive measures (up to 1 month)
		  ○ Notify prescriber if symptoms persist and problematic
		• Symptoms of liver injury (outlined below)
		  ○ Obtain LFTs and notify prescriber
		• Symptoms of pulmonary toxicity (outlined below)
		  ○ Obtain CXR and notify prescriber
		• Symptoms of thyroid dysfunction
		  ○ Obtain TSH, fT4 and notify prescriber

24 hour Holter Monitor	Once patient maintained on stable dose	• Arrange for Holter and follow-up visit (in-clinic or telehealth) in 3-6 months following last dose adjustment (or as previously scheduled)

Patient counseling to include:

- Use diligent sun protection (cover-up with hats, & long sleeves; and high SPF on sun exposed areas)
- Report any symptoms of suggestive of:
  - Pulmonary toxicity (persistent/unexplained non-productive cough and dyspnea)
  - Hyperthyroidism or hypothyroidism
  - Optic neuropathy (changes in visual acuity and decreases in peripheral vision; halo vision, photophobia, and blurred vision are less concerning)
  - Hepatic injury (anorexia, nausea, vomiting, fever, fatigue, RUQ pain, jaundice, dark urine, itching)
- Risk of common drug interactions (not inclusive):
  - Warfarin: increased drug levels resulting in a prolonged INR
  - Digoxin: increased drug levels
  - HMG-CoA reductase inhibitors ("statins"): increased drug levels
    - Note – simvastatin has a maximum recommended dose of 20 mg daily
- Renal Function: might expect up to 10% increase in Cr levels

Tapering / Discontinuation Schedule: Not required