

# Amiodarone (Amber 1)

Shared Care Agreement in place?

No

Refer to Specialist

Yes

Check dose and ensure indication is linked to Amiodarone

NUH & SFHT refer to the initiating consultant by letter stating:

- Patient details
- No shared care agreement
- Dose and indication
- Date of initiation
- Date of last consultant review?
- Is monitoring up to date and in range?
- Co-prescribed medications
- Interactions

If initiating consultant is unknown or patient is not under the c/o cardiology refer via Advice & Guidance

## Cardiologist Appointment

Cardiology Review < 3 years?

No

Refer to Specialist

## Optical Examination

Attend Opticians **Annually**  
(Patient's responsibility to arrange)

If any new or worsening visual symptoms\*\*

Yes

**STOP AMIODARONE**  
Urgent referral to Specialist

## ECG

**Annually** (may be conducted in primary care if service available)

Refer to Specialist if abnormal

**Medications\*** taken that induce Torsade de Points or prolong QT Interval  
Monitoring to be done **more frequently** particularly on initiation/dose adjustment

## Chest X-ray

Request if any breathlessness or respiratory symptoms

Yes

Refer to Specialist

## Blood Tests

Thyroid function tests (T3,T4,TSH), LFTs, U&Es (inc magnesium and potassium)- **6 monthly**

**Test requirements post discontinuation**

-LFTs, U&Es 6 months later, thyroid function 12 months post discontinuation

\*\*Manage abnormal results according to the SCP

## AVOID

Grapefruit Juice (and several months after stopped)

MAX-14 units of alcohol per week

Sun protection min SPF 30 broad spectrum sunscreen

Pregnant/planning pregnancy

Yes

Refer to Specialist

## Amiodarone (Amber 1)

Medication must be initiated by a specialist and only continued under a shared care arrangement ([amiodarone.pdf \(nottsapc.nhs.uk\)](https://www.nottsapc.nhs.uk/amiodarone.pdf))

### Dose

Maintenance dose (following initial stabilisation): 200mg per day\*

\*Lower doses may be used for elderly patients who are more susceptible to bradycardia and conduction defects. The minimum dose required to control the arrhythmia should be used.

Doses exceeding 200mg per day should be reviewed regularly.

### Patient to URGENTLY Report Signs and Symptoms of:

- Signs and symptoms of pulmonary toxicity-breathlessness, non-productive cough, fever, unexplained weight loss
- Signs and symptoms of bradycardia and heart block-fainting-dizziness, confusion/difficulty concentrating, fatigue chest pain, palpitations, shortness of breath
- If taking a statin and amiodarone, to report any signs of unexplained muscle pain, tenderness, weakness or dark coloured urine
- Visual disturbances
- Skin rash/blisters

### Interactions-consider dosage amendments (details in SPC)

- Simvastatin - **Maximum** recommended dose of 20mg daily when used with amiodarone
- Warfarin, Dabigatran, Phenytoin
- Digoxin (dose adjustment on initiation, monitor plasma levels, adjust dose and refer if on >125mcg daily)

### Interactions (See SPC for full details) \*

- Digoxin, Dabigatran, Warfarin, Phenytoin, Ciclosporin, Tacrolimus, Statins, Fentanyl, Sildenafil, Colchicine, Flecainide, Beta-blockers, Calcium channel blockers, Diuretics, Stimulant laxatives, Systemic Corticosteroids, Sofosbuvir, daclatasvir, ledipasvir, simeprevir
- Medicines that induce Torsade de Points or prolong QT Interval for example other anti-arrhythmics, antipsychotics, antidepressants, lithium, clarithromycin, erythromycin, anti-malarials
- CYP3A4 and CYP2C8 inhibitors-cimetidine, letermovir, ritonavir, darunavir, grapefruit juice
- Drug interactions to occur for several weeks/months after treatment has been discontinued due to the long half life of Amiodarone

### \*\*STOP AMIODARONE -Urgent referral to Specialist

- New or worsening visual disturbances (blueish halos when looking at bright lights, with no blurred or decreased vision and floaters are not a reason to discontinue)
- Progressive skin rash +/- blisters or mucosal lesions
- Worsening/new arrhythmia
- Hyperthyroidism, thyrotoxicosis, new/ hepatotoxicity, pulmonary toxicity
- Signs and symptoms of bradycardia or heart block (heart rate <45bpm)

### Contraindications

- Sinus bradycardia and sino-atrial heart block/severe conduction disturbances or sinus node disease (unless pacemaker fitted)
- History of thyroid dysfunction
- Known hypersensitivity to iodine, amiodarone, or any excipients (including patients with galactose intolerance, Lapp lactase deficiency or glucosegalactose malabsorption)
- Class Ia and class III anti-arrhythmic drugs e.g Disopyramide, quinidine, procainamide, sotalol, bretylium
- Moxifloxacin
- Pregnancy - except in exceptional circumstances
- Breastfeeding

### References and Useful Links

Amiodarone Shared Care Protocol. Amiodarone for patients within adult services. Available at: [amiodarone.pdf \(nottsapc.nhs.uk\)](https://www.nottsapc.nhs.uk/amiodarone.pdf). Accessed 13/12/2022.

Specialist Pharmacy Service – Medicines Monitoring. Published July 2021. Accessed via Amiodarone monitoring – SPS – Specialist Pharmacy Service – The first stop for professional medicines advice. On 24/06/2022.

Patient information leaflet (PIL) - [AFA Amiodarone Advice - \(P\).indd \(heartrhythmalliance.org\)](https://www.heartrhythmalliance.org/AFA-Amiodarone-Advice-(P).indd)

Alert card - [Document \(medicines.org.uk\)](https://www.medicines.org.uk/Document)