

Amiodarone (Cordarone, Pacerone) Considerations for Use*

US/FDA Approved Indications: Heart Rate Control and Heart Rhythm Control for Atrial Fibrillation

Black Box Warning*	May cause potentially fatal toxicities, including pulmonary toxicity, hepatic injury, and worsened arrhythmia. Only use for adults with life-threatening arrhythmias when other treatments ineffective or not tolerated.
Mechanism of Action	Prolongs cardiac repolarization (Class III antiarrhythmic properties). Also has sodium channel blockade, beta adrenergic blockade, and calcium channel blockade effects (Class I, II, IV effects).
Dosing[†] Heart Rate Control	<p><u>Acute setting for patients with accessory pathway:</u> 150 mg IV over 10 min, then 0.5 to 1 mg/min.</p> <p>Conversion to sinus rhythm and catheter ablation of the accessory pathway are generally recommended; pharmacological therapy for rate control may be appropriate for certain patients.</p> <p>Can be useful to control heart rate in patients with atrial fibrillation when other measures are unsuccessful or contraindicated.</p>
Dosing[†] Heart Rhythm Control	<p><u>Cardioversion:</u> 5 to 7 mg/kg IV over 30 to 60 minutes, then 1.2 to 1.8 g per day continuous IV or divided oral doses until 10 g total¹</p> <p>OR</p> <p>150 mg IV over 10 min, then 0.5 to 1 mg/min²</p> <p>OR</p> <p>800 mg PO daily x 1 week, then 600 mg PO daily x 1 week, then 400 mg PO daily x 4 to 6 weeks^{1,2}</p> <p><u>Maintenance:</u> 200-400 mg PO daily</p> <p><u>Elderly:</u> Initiate dosage at the lower end of the adult range</p> <p><u>Hepatic Impairment:</u> No specific guidelines available. If hepatic enzymes exceed 3 times normal or double in a patient with an elevated baseline, consider decreasing the dose or discontinuing amiodarone.</p> <p><u>Renal Impairment:</u> No dosage adjustment necessary</p>
Contraindications	<ul style="list-style-type: none"> • cardiogenic shock • severe sinus-node dysfunction with marked sinus bradycardia • 2nd/3rd degree heart block • bradycardia without pacemaker that has caused syncope
Major Side Effects	hypotension, heart block, sinus bradycardia, pulmonary toxicity, skin discoloration, hypothyroidism, hyperthyroidism, corneal deposits, optic neuropathy
Dosage forms and Strengths	<p><u>PO:</u> 100, 200, 400 mg tablets.</p> <p><u>IV:</u> 50 mg/mL, 150 mg/3 mL solution for injection</p>
Special Notes	<p>Monitor pulmonary function, thyroid function, liver function. Perform baseline and regular ophthalmic exams.</p> <p>Do not use with iodine allergy.</p> <p>Has many drug interactions, including warfarin.</p>

Counseling	<p>May take with food to reduce GI upset, but be consistent. Always take with food or always take without food.</p> <p>Avoid grapefruit juice.</p> <p>Consult healthcare professional prior to using new drug (prescription, OTC, herbal).</p> <p>Need regular bloodwork, ophthalmic exams, and cardiac assessment.</p> <p>Use sunscreen.</p>
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*Refer to prescribing information for more complete information.

†Dosages given in the table may differ from those recommended by the manufacturers.

Sources:

1. American College of Cardiology (ACC), American Heart Association (AHA), and the European Society of Cardiology (ESC). *ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation*. Washington, DC: American College of Cardiology.
2. Heart Rhythm Society. *AF360 Pocket Guide: Practical Rate and Rhythm Management of Atrial Fibrillation*. 2010, Washington, DC: Heart Rhythm Society.
3. *Tarascon Pocket Pharmacopoeia*®2012.