

Flecainide (Tambocor) Considerations for Use*

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

Black Box Warning*	Proarrhythmic. Increased mortality in patients with non-life-threatening ventricular arrhythmias, structural heart disease (ie, MI, LV dysfunction); not recommended for use with chronic atrial fibrillation.
Mechanism of Action	Depresses phase 0 depolarization significantly, slows cardiac conduction significantly (Class 1C).
Dosing[†]	<p><u>Cardioversion:</u> 200 to 300 mg PO^{†1}</p> <p><u>Maintenance:</u> 50 to 150 mg PO every 12 hrs</p> <p><u>Hepatic Impairment:</u> Reduce initial dosage. Monitor serum level frequently. Allow at least 4 days after dose changes to reach steady state level before adjusting dosage.</p> <p><u>Renal Impairment:</u> CrCl > 35 ml/min: No dosage adjustment is required. CrCl ≤ 35 ml/min: Initially, 100 mg PO once daily or 50 mg PO twice daily. Adjust dosage at intervals > 4 days, since steady-state conditions may take longer to achieve in these patient</p>
Contraindications	<ul style="list-style-type: none"> • cardiogenic shock • sick sinus syndrome or significant conduction delay • 2nd/3rd degree heart block or bundle branch block without pacemaker • acquired/congenital QT prolongation • patients with history of torsade de pointes
Major Side Effects	hypotension, atrial flutter with high ventricular rate, ventricular tachycardia, HF
Dosage forms and Strengths	<u>PO:</u> 50, 100, 150mg tablets
Special Notes	<p>Close monitoring of this drug is required.</p> <p>When starting a patient on flecainide, it is prudent to do a treadmill stress test after the patient is fully loaded.⁴</p> <p>Do not use in patients with ischemic heart disease or LV dysfunction; increases risk of arrhythmias.</p> <p>Additional AV nodal blocking agent may be required to maintain rate control when AF recurs.</p>
Counseling	Report signs/symptoms of new or worsening cardiac failure, arrhythmias, or chest pain.

*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.
4. Razavi, M. 2005. *Safe and Effective Pharmacologic Management of Arrhythmias*. Texas Heart Institute Journal, 2005; 32(2): 209–211. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1163475/>