

## Propafenone (Rythmol) Considerations for Use\*

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

<b>Black Box Warning*</b>	<b>Proarrhythmic; only administer by trained personnel with continuous ECG monitoring, capable of identifying and treating acute ventricular arrhythmias. Potentially fatal ventricular arrhythmias may occur with/without QT prolongation and can lead to torsade de pointes.</b>
<b>Mechanism of Action</b>	Depresses phase 0 depolarization significantly, slows cardiac conduction significantly (Class 1C).
<b>Dosing<sup>†</sup></b>	<p><u>Cardioversion</u>: 600 mg PO x 1</p> <p><u>Maintenance</u>: 150 to 300 mg PO every 8 hrs, or sustained release 225 to 425 mg every 12 hrs</p> <p><u>Hepatic Impairment</u>: Give approximately 20-30% of the normal oral dosage for immediate-release tablets.</p> <p><u>Renal Impairment</u>: No adjustments needed</p>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>• Asthma, acute bronchospasm</li> <li>• AV block</li> <li>• Bradycardia</li> <li>• cardiogenic shock</li> <li>• decompensated heart failure</li> <li>• electrolyte imbalance</li> <li>• sick sinus syndrome</li> </ul>
<b>Major Side Effects</b>	QT prolongation, torsades de pointes
<b>Dosage forms and Strengths</b>	<p>PO:</p> <p>150, 225, 300 mg immediate release tablets</p> <p>225, 325, 425 mg extended-release capsules</p>
<b>Special Notes</b>	<p>Do not use in patients with ischemic heart disease or LV dysfunction; increases risk of proarrhythmia.</p> <p>Additional AV nodal blocking agent may be required to maintain rate control when AF recurs.</p> <p>Potassium and magnesium levels should be within normal range prior to initiating and during therapy.</p> <p>Has many drug interactions.</p>
<b>Counseling</b>	<p>Report angina or signs/symptoms of congestive heart failure, new or worsened arrhythmias, or other cardiac dysfunction.</p> <p>Consult with a healthcare provider prior to new drug use (including OTC and herbals).</p>

\*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.