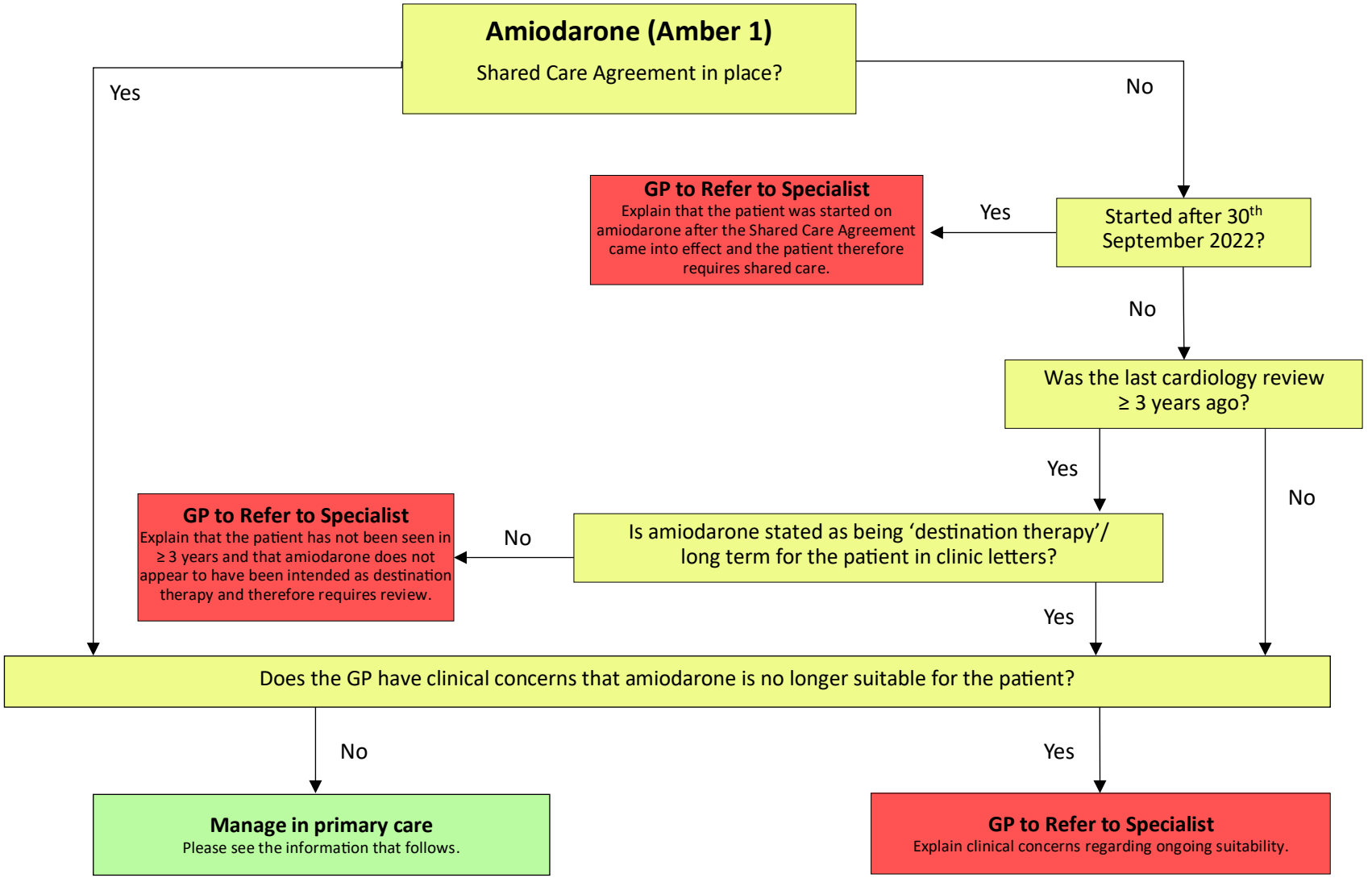
NHS
Nottingham and Nottinghamshire

Amiodarone - Supporting Document for Primary Care Reviews

This document is intended to support primary care clinicians in the review of their amiodarone patients and provide clarity over when to manage patients in primary care or when to refer to cardiology.

(These flowcharts are intended for use by healthcare professionals and may not be accessible to screen readers)



Manage in primary care

Blood Tests

Whilst on amiodarone

6 monthly -
TSH (thyroid stimulating hormone), LFTs, U&Es (must include potassium and magnesium).

After amiodarone discontinuation

6 monthly LFTs, U&Es for up to 6 months after discontinuation.

6 monthly TSH for up to 12 months after discontinuation.

Manage any abnormal results in accordance with the SCP

ECG

At least annually
Can be conducted in primary care if service available.

Monitoring to be done more frequently if patient concurrently taking other medications that induce Torsade de Points or prolong QT interval, particularly during initiation period or dose adjustment.

Refer to Specialist if abnormal.

Chest X-Ray

Request only if any breathlessness or respiratory symptoms AND

Refer to Specialist

Optical Examination

Optician appointment annually or whenever patient experiences new or worsening visual symptoms *(patient's responsibility to arrange)*

Blueish halos when looking at bright lights, with no blurred or decreased vision and floaters are **not** a reason to discontinue.

If patient reports blurred or decreased vision STOP AMIODARONE AND

Refer URGENTLY to Specialist if blurred or decreased vision.

Avoid

Grapefruit juice (during treatment and several months after stopped)

Alcohol (maximum of 14 units per week)

Sunlight – use at least SPF 30 broad spectrum sunscreen

Pregnancy or planning a pregnancy

Refer to Specialist if patient is pregnant or planning a pregnancy

Amiodarone (Amber 1)

Shared Care Protocol (amiodarone.pdf (nottsapc.nhs.uk)

NHS Nottingham and Nottinghamshire

Dose (See SPC for full details)

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:

- Pulmonary toxicity-breathlessness, non-productive cough, fever, unexplained weight loss
- 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 adjustment (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 – Severe
(Some of which are contraindicated, 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 Torsades de Pointes or prolong QT interval. For example, other anti-arrhythmics, antipsychotics, antidepressants, lithium, clarithromycin, erythromycin, anti-malarials, moxifloxacin
- CYP3A4 and CYP2C8 inhibitors. For example, cimetidine, letermovir, ritonavir, darunavir, grapefruit juice
- Drug interactions can 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
  *(NB: 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 (See SPC for full details)

- 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 glucose galactose malabsorption)
- Pregnancy - except in exceptional circumstances
- Breastfeeding

References and Useful Links

Shared Care Protocol - Amiodarone

Specialist Pharmacy Service – Amiodarone Monitoring

Patient information leaflet (PIL)

Alert Card Document (medicines.org.uk)

This resource has been developed to facilitate the safe and effective review of amiodarone prescribing in primary care using current accessible references and is correct at the time of approval. Clinicians using this resource must refer to local guidelines, use their own clinical judgement and take responsibility for their prescribing decisions.

Nottingham and Nottinghamshire ICB (N&N ICB) Medicines Optimisation Team only have oversight for the management of errors occurring within their own organisation. Each organisation is therefore responsible for any prescribing errors or omissions that may occur within their organisation because of using this resource and must follow their own safety governance process.

Organisations must inform N&N ICB Medicines Optimisation team should they become aware of any errors or updates required within this amiodarone supporting document for primary care reviews.

Version Control: Amiodarone – Supporting Document for Primary Care Reviews			
Version	Author(s)	Date	Changes
1.0	Bhavika Lad (Medicines Optimisation Pharmacist)	December 2022	Nil – original
1.1	Fatema Karimjee (Medicines Optimisation Pharmacist)	March 2023	Added "refer to specialist if abnormal" under ECG section
1.2	Emma Moncrieff (Medicines Optimisation Pharmacist)	June 2023	Added information on referral criteria: all patients can be referred to secondary care, NUH via letter, SFHT via A&G. Minor grammatical corrections.
2.0	Emma Moncrieff	October 2024	Referral criteria updated and algorithm added – specific patient groups only to be referred to secondary care. Minor grammatical corrections. Disclaimer added.