

neuritis or optic neuropathy occur, amiodarone must be stopped to prevent blindness and expert advice sought.

Thyroid function Amiodarone contains iodine and can cause disorders of thyroid function; both hypothyroidism and hyperthyroidism can occur. Hypothyroidism can be treated with replacement therapy without withdrawing amiodarone if it is essential; careful supervision is required.

Hepatotoxicity Amiodarone is also associated with hepatotoxicity and treatment should be discontinued if severe liver function abnormalities or clinical signs of liver disease develop.

Pulmonary toxicity Pneumonitis should always be suspected if new or progressive shortness of breath or cough develops in a patient taking amiodarone.

- **PREGNANCY** Possible risk of neonatal goitre; use only if no alternative.
- **BREAST FEEDING** Avoid; present in milk in significant amounts; theoretical risk of neonatal hypothyroidism from release of iodine.
- **MONITORING REQUIREMENTS**
 - ▶ Thyroid function tests should be performed before treatment and then every 6 months. Clinical assessment of thyroid function alone is unreliable. Thyroxine (T4) may be raised in the absence of hyperthyroidism; therefore tri-iodothyronine (T3), T4, and thyroid-stimulating hormone (thyrotrophin, TSH) should all be measured. A raised T3 and T4 with a very low or undetectable TSH concentration suggests the development of thyrotoxicosis.
 - ▶ Liver function tests required before treatment and then every 6 months.
 - ▶ Serum potassium concentration should be measured before treatment.
 - ▶ Chest x-ray required before treatment.
 - ▶ Pulmonary function tests required before treatment.
 - ▶ With intravenous use ECG monitoring and resuscitation facilities must be available. Monitor liver transaminases closely.
- **DIRECTIONS FOR ADMINISTRATION**
 - ▶ With intravenous use Intravenous administration via central venous catheter recommended if repeated or continuous infusion required, as infusion via peripheral veins may cause pain and inflammation. For *intravenous infusion*, dilute to a concentration of not less than 600 micrograms/mL with Glucose 5%. Incompatible with Sodium Chloride infusion fluids; avoid equipment containing the plasticizer di-2-ethylhexphthalate (DEHP).
 - ▶ With oral use For administration *by mouth*, tablets may be crushed and dispersed in water; injection solution should **not** be given orally (irritant).
- **PATIENT AND CARER ADVICE** Because of the possibility of phototoxic reactions, patients should be advised to shield the skin from light during treatment and for several months after discontinuing amiodarone; a wide-spectrum sunscreen to protect against both long-wave ultraviolet and visible light should be used. Medicines for Children leaflet: Amiodarone for abnormal heart rhythms www.medicinesforchildren.org.uk/amiodarone-abnormal-heart-rhythms-0

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, oral solution

Tablet

CAUTIONARY AND ADVISORY LABELS 11

- ▶ **Amiodarone hydrochloride (Non-proprietary)**

Amiodarone hydrochloride 100 mg Amiodarone 100mg tablets | 28 tablet [POM](#) £4.25 DT = £1.63

Amiodarone hydrochloride 200 mg Amiodarone 200mg tablets | 28 tablet [POM](#) £7.80 DT = £1.91

- ▶ **Cordarone X (Sanofi)**

Amiodarone hydrochloride 100 mg Cordarone X 100 tablets | 28 tablet [POM](#) £4.28 DT = £1.63

Amiodarone hydrochloride 200 mg Cordarone X 200 tablets | 28 tablet [POM](#) £6.99 DT = £1.91

Solution for injection

EXCIPIENTS: May contain Benzyl alcohol

- ▶ **Amiodarone hydrochloride (Non-proprietary)**

Amiodarone hydrochloride 30 mg per 1 ml Amiodarone 300mg/10ml solution for injection pre-filled syringes | 1 pre-filled disposable injection [POM](#) £14.68 DT = £14.68

Amiodarone hydrochloride 50 mg per 1 ml Amiodarone 150mg/3ml concentrate for solution for injection ampoules | 5 ampoule [POM](#) £7.75 (Hospital only) | 10 ampoule [POM](#) £17.00

- ▶ **Cordarone X (Sanofi)**

Amiodarone hydrochloride 50 mg per 1 ml Cordarone X 150mg/3ml solution for injection ampoules | 6 ampoule [POM](#) £9.60

ANTIARRHYTHMICS > OTHER

Adenosine

20-Jan-2020

● INDICATIONS AND DOSE

Used in conjunction with radionuclide myocardial perfusion imaging in patients who cannot exercise adequately or for whom exercise is inappropriate

- ▶ BY INTRAVENOUS INFUSION
- ▶ Child: (consult product literature)

Termination of supraventricular tachycardias, including those associated with accessory conduction pathways (e.g. Wolff-Parkinson-White syndrome) | Diagnosis of supraventricular arrhythmias

- ▶ BY RAPID INTRAVENOUS INJECTION

- ▶ Neonate: Initially 150 micrograms/kg, then increased in steps of 50–100 micrograms/kg every 1–2 minutes if required, dose to be repeated until tachycardia terminated or maximum single dose of 300 micrograms/kg given.
- ▶ Child 1-11 months: Initially 150 micrograms/kg, then increased in steps of 50–100 micrograms/kg every 1–2 minutes if required, dose to be repeated until tachycardia terminated or maximum single dose of 500 micrograms/kg given
- ▶ Child 1-11 years: Initially 100 micrograms/kg, then increased in steps of 50–100 micrograms/kg every 1–2 minutes if required, dose to be repeated until tachycardia terminated or maximum single dose of 500 micrograms/kg (max.12 mg) given
- ▶ Child 12-17 years: Initially 3 mg, followed by 6 mg after 1–2 minutes if required, followed by 12 mg after 1–2 minutes if required, in some children over 12 years 3 mg dose ineffective (e.g. if a small peripheral vein is used for administration) and higher initial dose sometimes used; however, those with *heart transplant* are **very sensitive** to the effects of adenosine, and should **not** receive higher initial doses

- **UNLICENSED USE** *Adenocor*[®] licensed for treatment of paroxysmal supraventricular tachycardia in children; not licensed for diagnosis in children; *Adenoscan*[®] not licensed in children.
- **CONTRA-INDICATIONS** Asthma · decompensated heart failure · long QT syndrome · second- or third-degree AV block and sick sinus syndrome (unless pacemaker fitted) · severe hypotension
- **CAUTIONS** Atrial fibrillation · atrial fibrillation with accessory pathway (conduction down anomalous pathway may increase) · atrial flutter · atrial flutter with accessory pathway (conduction down anomalous pathway may increase) · autonomic dysfunction · bundle branch block ·