

● HEPATIC IMPAIRMENT

Dose adjustments Avoid or reduce dose in severe impairment.

Monitoring Monitor plasma-flecainide concentration.

● RENAL IMPAIRMENT

Dose adjustments Reduce dose by 25–50% if estimated glomerular filtration rate less than 35 mL/minute/1.73 m².

Monitoring Monitor plasma-flecainide concentration.

● MONITORING REQUIREMENTS

▶ Plasma-flecainide concentration for optimal response 200–800 micrograms/litre; blood sample should be taken immediately before next dose.

● **DIRECTIONS FOR ADMINISTRATION** For administration by *mouth*, milk, infant formula, and dairy products may reduce absorption of flecainide—separate doses from feeds. Liquid has a local anaesthetic effect and should be given at least 30 minutes before or after food. Do not store liquid in refrigerator as precipitation occurs.

● PATIENT AND CARER ADVICE

Medicines for Children leaflet: Flecainide for arrhythmias
www.medicinesforchildren.org.uk/flecainide-arrhythmias

● **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

▶ Flecainide acetate (Non-proprietary)

Flecainide acetate 50 mg Flecainide 50mg tablets | 60 tablet **[PoM]**
 £7.68 DT = £4.20

Flecainide acetate 100 mg Flecainide 100mg tablets | 60 tablet **[PoM]** £8.06 DT = £4.07

▶ Tambacor (Teva UK Ltd)

Flecainide acetate 50 mg Tambacor 50mg tablets | 60 tablet **[PoM]**
 £11.57 DT = £4.20

ANTIARRHYTHMICS > CLASS III

Amiodarone hydrochloride

30-Mar-2020

● INDICATIONS AND DOSE

Supraventricular and ventricular arrhythmias (initiated in hospital or under specialist supervision)

▶ BY MOUTH

▶ Neonate: Initially 5–10 mg/kg twice daily for 7–10 days, then reduced to 5–10 mg/kg daily.

▶ Child 1 month–11 years: Initially 5–10 mg/kg twice daily (max. per dose 200 mg) for 7–10 days, then reduced to 5–10 mg/kg once daily; maximum 200 mg per day

▶ Child 12–17 years: 200 mg 3 times a day for 1 week, then 200 mg twice daily for 1 week, then usually 200mg daily adjusted according to response

▶ INITIALLY BY INTRAVENOUS INFUSION

▶ Neonate: Initially 5 mg/kg, then (by intravenous infusion) 5 mg/kg every 12–24 hours, dose to be given over 30 minutes.

▶ Child: Initially 5–10 mg/kg, dose to be given over 20 minutes to 2 hours, then (by continuous intravenous infusion) 300 micrograms/kg/hour, adjusted according to response; (by continuous intravenous infusion) increased if necessary up to 1.5 mg/kg/hour; maximum 1.2 g per day

Ventricular fibrillation or pulseless ventricular tachycardia refractory to defibrillation (for cardiopulmonary resuscitation)

▶ INITIALLY BY INTRAVENOUS INJECTION

▶ Neonate: 5 mg/kg, dose to be given over at least 3 minutes.

▶ Child: 5 mg/kg (max. per dose 300 mg), dose to be given over at least 3 minutes

● **UNLICENSED USE** Not licensed for use in children under 3 years.

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: SOFOSBUVIR WITH DACLATASVIR; SOFOSBUVIR AND LEDIPASVIR (MAY 2015); SIMEPREVIR WITH SOFOSBUVIR (AUGUST 2015): RISK OF SEVERE BRADYCARDIA AND HEART BLOCK WHEN TAKEN WITH AMIODARONE
 Avoid concomitant use unless other antiarrhythmics cannot be given.

● CONTRA-INDICATIONS

GENERAL CONTRA-INDICATIONS

Avoid in severe conduction disturbances (unless pacemaker fitted) · avoid in sinus node disease (unless pacemaker fitted) · avoid rapid loading after cardiac surgery · iodine sensitivity · sino-atrial heart block (except in cardiac arrest) · sinus bradycardia (except in cardiac arrest) · thyroid dysfunction

SPECIFIC CONTRA-INDICATIONS

▶ With intravenous use Avoid bolus injection in cardiomyopathy · avoid bolus injection in congestive heart failure · avoid in circulatory collapse · avoid in severe arterial hypotension · avoid in severe respiratory failure

● CAUTIONS

GENERAL CAUTIONS Acute porphyrias p. 652 · conduction disturbances (in excessive dosage) · heart failure · hypokalaemia · severe bradycardia (in excessive dosage)

SPECIFIC CAUTIONS

▶ With intravenous use Avoid benzyl alcohol containing injections in neonates · moderate and transient fall in blood pressure (circulatory collapse precipitated by rapid administration or overdosage) · severe hepatocellular toxicity

● **INTERACTIONS** → Appendix 1: antiarrhythmics

● SIDE-EFFECTS

GENERAL SIDE-EFFECTS

▶ **Common or very common** Arrhythmias · hepatic disorders · hyperthyroidism · nausea · respiratory disorders · skin reactions

▶ **Rare or very rare** Bronchospasm (in patients with severe respiratory failure) · headache · idiopathic intracranial hypertension · nerve disorders · SIADH

▶ **Frequency not known** Angioedema · confusion · delirium · pancreatitis · severe cutaneous adverse reactions (SCARs)

SPECIFIC SIDE-EFFECTS

▶ **Common or very common**

▶ With oral use Constipation · corneal deposits · hypothyroidism · movement disorders · photosensitivity reaction · sleep disorders · taste altered · vomiting

▶ With parenteral use Hypotension (following rapid injection)

▶ Uncommon

▶ With oral use Cardiac conduction disorders · dry mouth · myopathy (usually reversible on discontinuation) · peripheral neuropathy (usually reversible on discontinuation)

▶ Rare or very rare

▶ With oral use Alopecia · aplastic anaemia · epididymo-orchitis · erectile dysfunction · haemolytic anaemia · pulmonary haemorrhage · thrombocytopenia · vertigo

▶ With parenteral use Hot flush · hyperhidrosis

▶ Frequency not known

▶ With oral use Altered smell sensation · appetite decreased · parkinsonism · vasculitis

▶ With parenteral use Agranulocytosis · libido decreased · neutropenia

SIDE-EFFECTS, FURTHER INFORMATION Corneal microdeposits

Patients taking amiodarone may develop corneal microdeposits (reversible on withdrawal of treatment). However, if vision is impaired or if optic