



Antiarrhythmic Drug Monitoring

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Financial Disclosures

- None

Background

Paradigm Shift: early rhythm control
(antiarrhythmic drug therapy and ablation)



Increased risk of adverse effects and fatal
arrhythmias if used incorrectly



Recommended monitoring parameters put forward
to reduce risk of adverse effects

Background

| Author (Year) | Setting | N | Compliance (%) |
|------------------------|---|-------|----------------|
| Sanoski et al. (1998) | Amiodarone Clinic* | 60 | 23 |
| Bickford et al. (2006) | Inpatient* | 45 | 11 |
| Raebel et al. (2006) | Ambulatory* | 1,055 | 53 |
| Snider et al. (2009) | Antiarrhythmic Medication Clinic^ | 134 | 59 |
| Quaffa et al. (2017) | Pharmacy-Cardiology AAD Monitoring Program ^Δ | 30 | 70 |
| Kibert et al. (2019) | Pharmacy-Cardiology AAD Monitoring Program [¥] | 40 | 73 |

*Amiodarone; ^Amiodarone, sotalol, dofetilide, propafenone; ^ΔDofetilide; [¥]Amiodarone, sotalol, dofetilide

Sanoski CA, *Pharmacotherapy*. 1998;18:146S-151S.

Bickford et al. *J Manag Care Pharm*. 2006;12:254-269.

Raebel MA, et al. *J Manag Care Pharm*. 2006;12(8):656-64.

Snider M, et al. *Clin Ther*. 2009; 31(6):1209-1218.

Quaffa LH, et al. *Ann Pharmacother*. 2017;51:39-43.

Kibert JL, et al. *J Am Coll Clin Pharm*. 2020;3:30-35.

Background

| Spence et al. (2011) | Pharmacist Managed (%) N=181 | Usual Care (%) N=2,111 |
|--|---------------------------------|---------------------------|
| Alanine Transaminase (ALT) | | |
| Baseline | 84.0* | 76.3 |
| Months 1-12 | 95.0* | 87.1 |
| Thyroid Stimulating Hormone (TSH) | | |
| Baseline | 70.2* | 62.7 |
| Months 1-12 | 93.9* | 70.3 |
| Chest Xray | | |
| Baseline | 59.1* | 49.3 |
| Months 1-12 | 56.9 | 50.0 |
| Pulmonary Function Test (PFT) | | |
| Baseline | 6.6* | 3.6 |
| Months 1-12 | 51.9* | 14.0 |

*p<0.05

Antiarrhythmic Drug Monitoring

1. Selection of agents to monitor
 - Flecainide, propafenone, amiodarone, propafenone, sotalol, dofetilide
2. Identification of monitoring parameters and frequency of follow up
 - E.g., LFTs, TSH, CXR, CMP, BMP, magnesium
3. Defining criteria which requires further evaluation or intervention
 - I.e., out of range or overdue

Flecainide

Pharmacokinetics:

- Metabolism: Liver (CYP2D6 major)
- Elimination: 30% in urine as unchanged drug
- $T_{1/2}$: 20 hours (12-27)
- Steady state: 3-5 days

Effect on ECG: prolongation of PR and QRS intervals

- Electrolytes: Potassium and Magnesium

Propafenone

Pharmacokinetics:

- Metabolism: Liver (CYP2D6 major, CYP3A4 major)
- Elimination: ~50% of propafenone metabolites are excreted in urine
- $T_{1/2}$: 2 – 10 hours
- Steady state: 4-5 days

Effect on ECG: prolongation of PR and QRS intervals

- Electrolytes: Potassium and Magnesium

Flecainide & Propafenone Monitoring

| Recommended Test | Monitoring Frequency |
|-------------------------|----------------------|
| ECG | Baseline, q 6 months |
| CMP: Liver function, K+ | Baseline, q 6 months |
| Magnesium | Baseline, q 6 months |

Adjustments based on ECG

QRS increases on average ~25%;
>25% considered proarrhythmic

Amiodarone

Pharmacokinetics:

- Metabolism: Liver (CYP3A4 major)
- $T_{1/2}$: 58 days (15-142)
- Steady state: 265 days (130-535) without load dose
- Volume of distribution: ~60 L/kg

Effect on ECG: Prolongation of PR and QT (~10%)

- Electrolytes: Potassium and Magnesium

Amiodarone

| Adverse Event | Incidence (%) |
|---|---------------|
| Hypothyroidism | 4-22 |
| Hyperthyroidism | 2-12 |
| Pulmonary Toxicity | 2 |
| GI: Nausea/constipation | ~25 |
| GI: AST/ALT elevation; hepatitis | 15-30; <2 |
| CNS (ataxia, neuropathy, tremor, sleep disturbance) | 3-30 |
| Skin: Blue - gray discoloration | <10 |
| Skin: Photosensitivity | ~15 |
| Ocular: Optic neuropathy | <1 |
| Ocular: Halos around lights | <5 |
| Ocular: visual blurring, corneal deposits | > 90 |

Amiodarone Monitoring

| Recommended Test | Monitoring Frequency |
|---|--|
| ECG | Baseline, q 6 months |
| CMP: K+ and LFTs | Baseline, q 6 months |
| Magnesium | Baseline, q 6 months |
| Thyroid Function Test | Baseline, q 6 months |
| Chest X-ray | Baseline, q 12 months |
| Pulmonary Function Test – with diffusion capacity | Baseline, with symptoms |
| Ophthalmic Exam | Baseline if visual impairment, with symptoms |

Drug – Drug Interactions

Inhibits: CYP3A4 (moderate), 2C9, 2D6, OCT2, and Pgp

Dronedarone

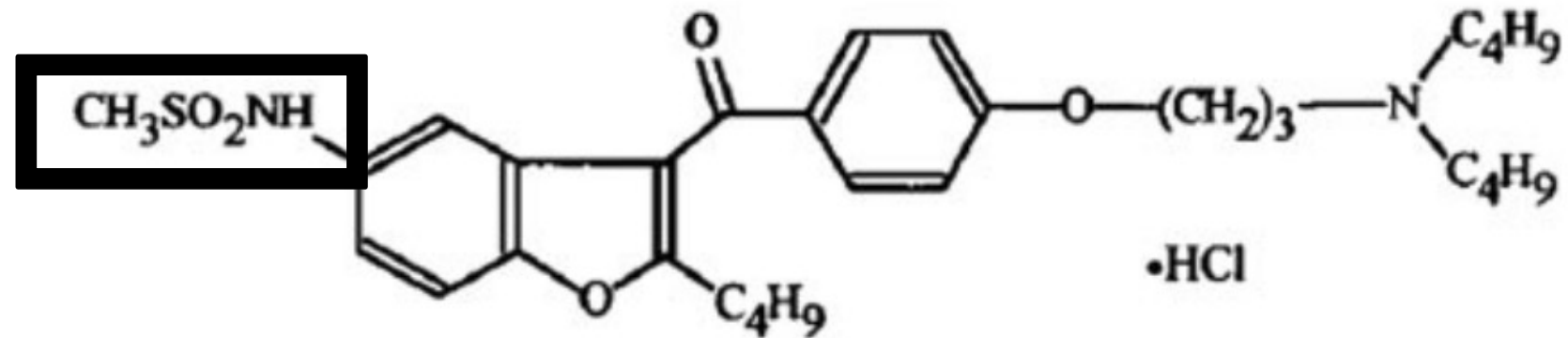
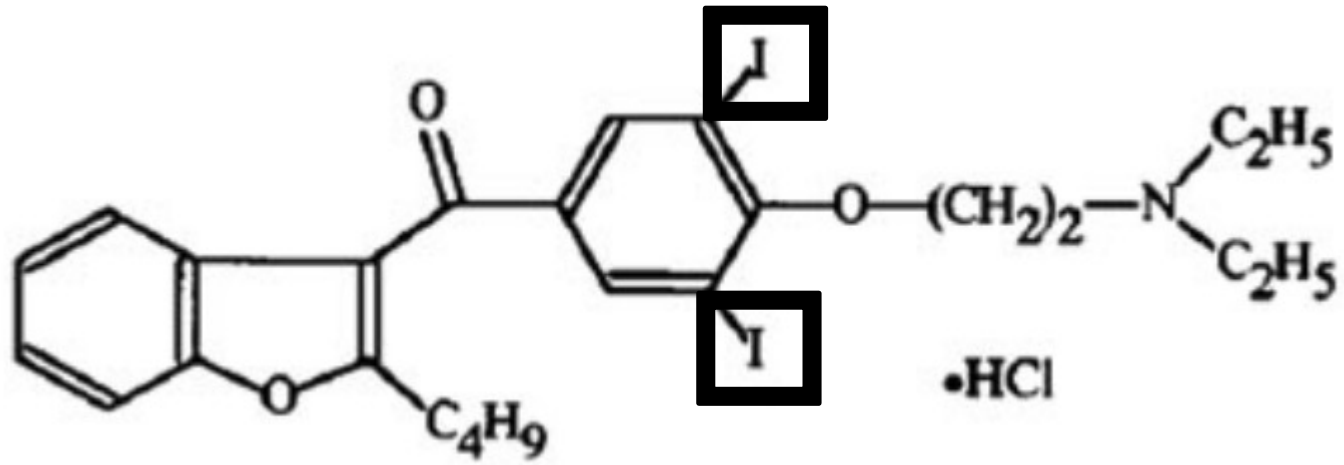
Pharmacokinetics:

- Absorption: ~4% (extensive first pass metabolism); ↑ 15% with **high fat meal**
- Metabolism: Liver (CYP3A4 major)
- $T_{1/2}$: 13-19 hours
- Steady state: 4-8 days

Effect on ECG: Increase in PR (~5 msec) and QTc interval (~10 msec)

- Electrolytes: Potassium and Magnesium

Amiodarone



Dronedarone

Dronedarone Monitoring

| Recommended Test | Monitoring Frequency |
|-----------------------------------|----------------------|
| ECG* | Baseline, q 6 months |
| CMP: Scr, K+, and ^liver function | Baseline, q 6 months |
| Magnesium | Baseline, q 6 months |

* Package insert recommends every 3 months

^ Recommended within the first 6 months, unknown if periodic monitoring will prevent liver injury; contraindicated in patients with severe liver impairment

Adjustments based on ECG

Maintenance: contraindicated if QTc \geq 500 msec

Discontinue if in permanent AF

Drug – Drug Interactions

Inhibits: CYP3A4 (moderate) and P-gp

Sotalol

Pharmacokinetics:

- Metabolism: N/A
- Elimination: Kidney
- $T_{1/2}$: 12 hours
- Steady state: 2-3 days

Effect on ECG: Prolongation of QT and risk for Torsade de Pointes

- Directly related to plasma concentration
- Electrolytes: Potassium and Magnesium

Sotalol Monitoring

| Recommended Test | Monitoring Frequency |
|----------------------------|----------------------|
| ECG | Baseline, q 6 months |
| BMP: for Scr (CrCL) and K+ | Baseline, q 6 months |
| Magnesium | Baseline, q 6 months |

Dose adjustments based on estimated CrCl

AF/AFL

(calculated with Cockcroft-Gault)

- >60: twice daily
- 40-60: daily
- <40: contraindicated

Adjustments based on ECG

Maintenance: contraindicated if QTc >520 msec

Dofetilide

Pharmacokinetics:

- Metabolism: CYP3A4
- Elimination: Kidney with 80% excreted as unchanged drug
- $T_{1/2}$: 10 hours
- Steady state 2-3 days

Effect on ECG: Prolongation of QT and risk for Torsade de Pointes

- Directly related to plasma concentration
- Electrolytes: Potassium and Magnesium

Dofetilide Monitoring

| Recommended Test | Monitoring Frequency |
|-----------------------------|----------------------|
| ECG* | Baseline, q 6 months |
| BMP*: for Scr (CrCL) and K+ | Baseline, q 6 months |
| Magnesium | Baseline, q 6 months |

*Package insert: every 3 months or medically warranted

Dose adjustments based on estimated CrCl

(calculated with Cockcroft-Gault)

- >60: 500 mcg BID
- 40-60: 250 mcg BID
- 20-39: 125 mcg BID
- <20: contraindicated

Adjustments based on ECG

Maintenance: contraindicated if QTc >500 msec (550 with ventricular conduction abnormalities)

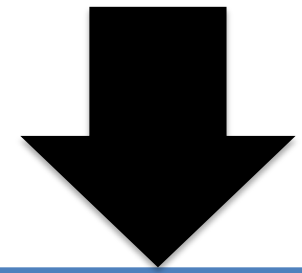
Dofetilide Monitoring

Drug – Drug Interactions

Contraindicated medications

- Cimetidine
- Verapamil
- Hydrochlorothiazide
 - Trimethoprim
- Prochlorperazine
 - Megestrol
- Ketoconazole
- Dolutegravir

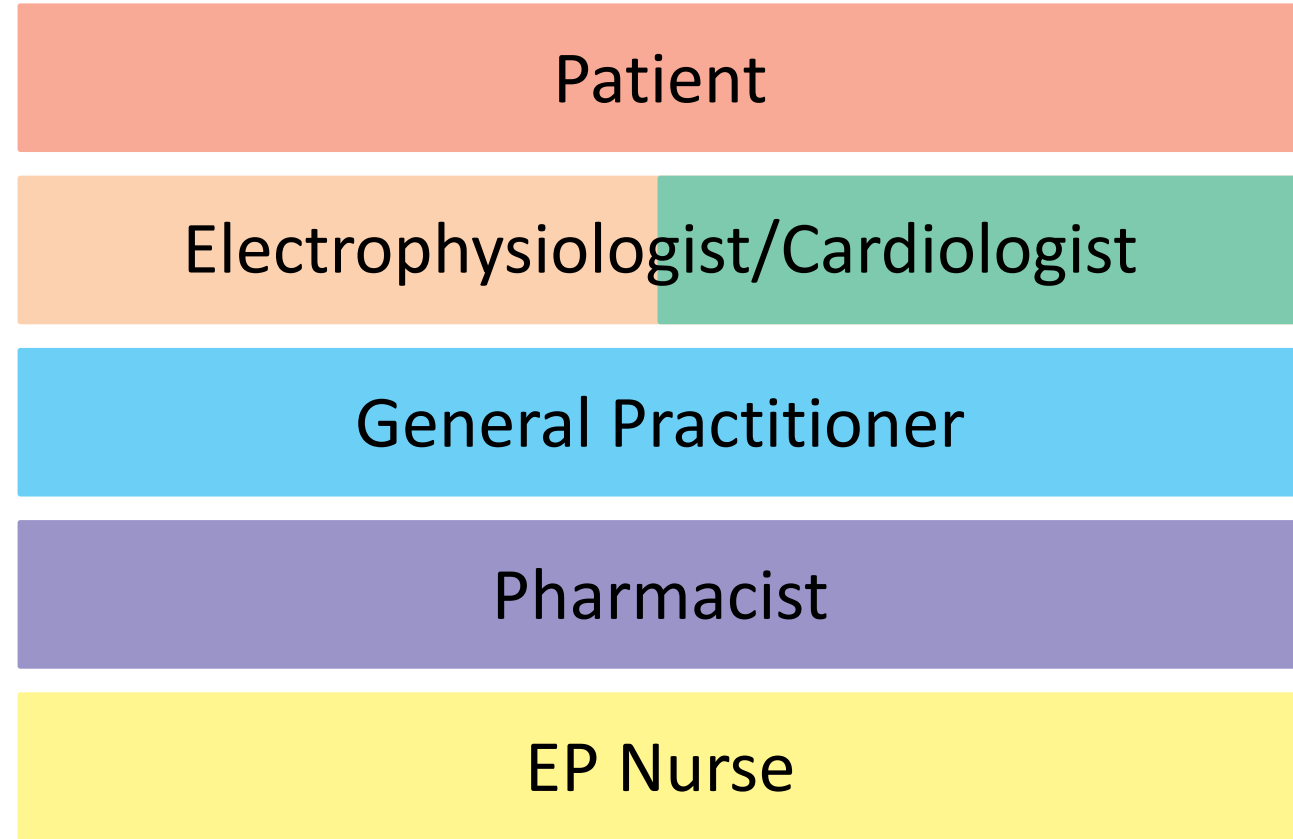
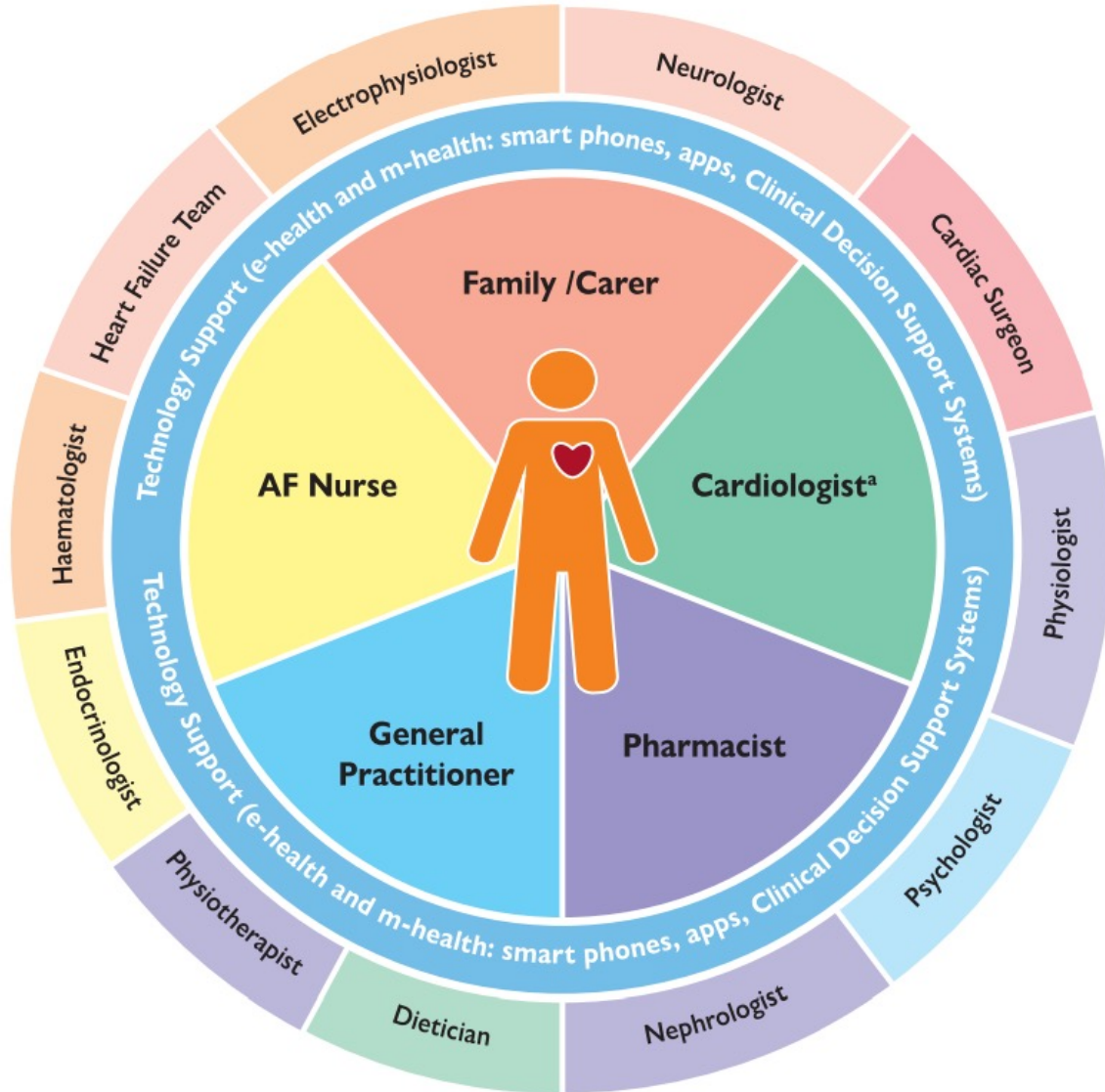
Application To Practice



| Author (Year) | Setting | Compliance (%) | After Enrollment Compliance (%) |
|-----------------------|--|----------------|---------------------------------|
| Sanoski et al. (1998) | Multidisciplinary Amiodarone Clinic | 23 | 90* |
| Snider et al. (2009) | Antiarrhythmic Medication Clinic | 59 | 99* |
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*p<0.05

Interdisciplinary Team Approach



Takeaways

- Prospective monitoring of AAD can improve compliance with monitoring parameters
- Development and incorporation of defined monitoring parameters into practice can help reduce risk of adverse events associated with AAD