RIVERSIDE HEALTHCARE

Tikosyn (Dofetilide)

Standing Orders

1. Review patient medications
2. Notify physician if patient is on any of the following **contraindicated** medications:
   - Verapamil (Isoptin, Isoptin SR, Calan, Calan SR, Covera-HS, Verelan, Verelan PM)
   - Prochlorperazine (Compazine)
   - Cimetidine (Tagamet, Tagamet HB)
   - Ketoconazole (Nizoral)
   - Trimethoprim (Proloprim, Trimpex, Bactrim, Septra)
   - Megestrol (Megace)
   - Amiodorone (Cordarone)

Tikosyn must not be administered until at least 3 half-lives have elapsed from the time of the last dose of any contraindicated medication listed below

Contraindicated medication	3 half-lives (hours)
Verapamil	48
Prochlorperazine	36
Cimetidine	12
Ketoconazole	36
Trimethoprim	48
Megestrol	96
Amiodarone	3 months

Other medications, which are recommended to be held before and during Tikosyn administration

Quinidine
Procainamide
Sotalol (Betapace)
Flecainide (Tambocor)
Propafenone (Rythmol)
Erthyromycin
Clarithromycin (Biaxin)
Tricyclic antidepressants
(ex: amitriptyline, imipramine)
Disopyramide (Norpace)
Dronedarone (Multaq)

3. Obtain potassium, magnesium, BUN, serum creatinine, calcium, and albumin (must be within prior 5 days of initiation)

4. If on Warfarin obtain INR (must be within 48 hours of initiation). If INR <2.0 DO NOT give Tikosyn and notify Physician.

5. Obtain baseline 12 lead EKG. Verify the QTc interval calculated on the 12 lead using an average of 5 to 10 beats. If QTc is >440 msec (0.44 seconds) or 500 msec (0.5 seconds) in patients with ventricular conduction abnormalities….. **Tikosyn is NOT to be given. Notify Physician**.

6. Call pharmacy for an estimated creatinine clearance:

$$\text{Creatinine clearance (male)} = \frac{(140\text{-age}) \times \text{body weight in kg}}{72 \times \text{serum creatinine (mg/dl)}}$$

$$\text{Creatinine clearance (female)} = \frac{(140\text{-age}) \times \text{body weight in kg}}{72 \times \text{serum creatinine (mg/dl)}} \times 0.85$$

Estimated Creatinine Clearance _____ ml/min

7. Verify with physician the INITIAL dosing protocol. Note: dose may be adjusted lower based on patient's medical condition. (ex: ↓ dose may be warranted in frail women).

Initial dose protocol:

Calculated Creatinine Clearance	Tikosyn Dose
> 60ml/min	500 mcg twice daily
40-60 ml/min	250 mcg twice daily
20 - <40 ml/min	125 mcg twice daily
< 20 ml/min	**Do Not Give Tikosyn**

8. Obtain 12 lead EKG 2 hours after the first dose is administered. Notify physician if there is an increase in the QTc interval > 15% (see attached table) OR > 500 msec (0.5 seconds) OR >550 msec (0.55 seconds) in patients with ventricular conduction abnormalities for **First Dose Adjustment**.

First Dose Adjustment:

- If QTc is increased > 15% from baseline or >500 msec or >550 msec in patients with Ventricular conduction abnormalities:

If Starting Dose is:	Then Adjust Dose to:
500 mcg BID	250 mcg BID
250 mcg BID	125 mcg BID
125 mcg BID	125 mcg Daily

- If the increased QTc is ≤ 15 % continue current dosing.

9. If at any time after the SECOND DOSE the QTc increases >500 msec or > 550 msec in patients with ventricular conduction abnormalities …. **D/C Tikosyn and notify physician**

10. Continue to obtain a 12-lead EKG 2 hours following EACH dose of Tikosyn

11. If patient has not converted to NSR within 48 hours after starting Tikosyn consider electrical cardioversion.

12. **EKG monitoring should be conducted for a total of 3 days.** NOTE: Patients should not be discharged within 12 hours of electrical or pharmacological conversion of NSR.
13. Initial home supply of Tikosyn should be obtained from the Pharmacy.

Tikosyn QTc Table

Initial QTc Interval (msec)	QTc Increase of 15% (msec)
300	345
310	357
320	368
330	380
340	391
350	403
360	414
370	426
380	437
390	449
400	460
410	472
420	483
430	495
440	506
450	518
460	529
470	541
480	552
490	564
500	575