Cardiac Services BC
Provincial Health Services Authority

BC AFC Sotalol Initiation and Titration Pathway (For Prescribers)

Document Purpose: Standardized recommendations for initiation of **Sotalol** and ongoing monitoring/patient management

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Clinical Indication:

- Symptomatic AF in the absence of structural heart disease or decompensated heart failure

Absolute Contraindications:

- Pre-existing QTc prolongation (congenital or acquired long QT syndromes)
    - Consider avoiding sotalol in the presence of a QTc >440 msec (men) or >460 msec (women) in the absence of a pre-existing bundle branch block
- Sinus bradycardia (<50 bpm) or sick sinus syndrome (unless functioning pacemaker is present)
- High degree atrioventricular conduction disorders (unless functioning pacemaker is present)
- Severe renal impairment (CrCl < 40 ml/min)

Relative Contraindications (caution for use):

- Advanced age (>75 years of age)
- Reactive airway disease
- Systolic heart failure (use cautiously if LVEF <40%)
- Significant left ventricular hypertrophy
    - LVH with repolarization abnormalities (ST and T wave changes) on ECG
    - LVH >1.4 cm on echocardiogram
- Hypokalemia or hypomagnesemia (correct imbalances prior to use and throughout therapy)
- Should be avoided in patients at high risk of Torsades de Pointes VT
    - i.e. women aged >65 y taking diuretics or those with renal insufficiency

Baseline Investigations:

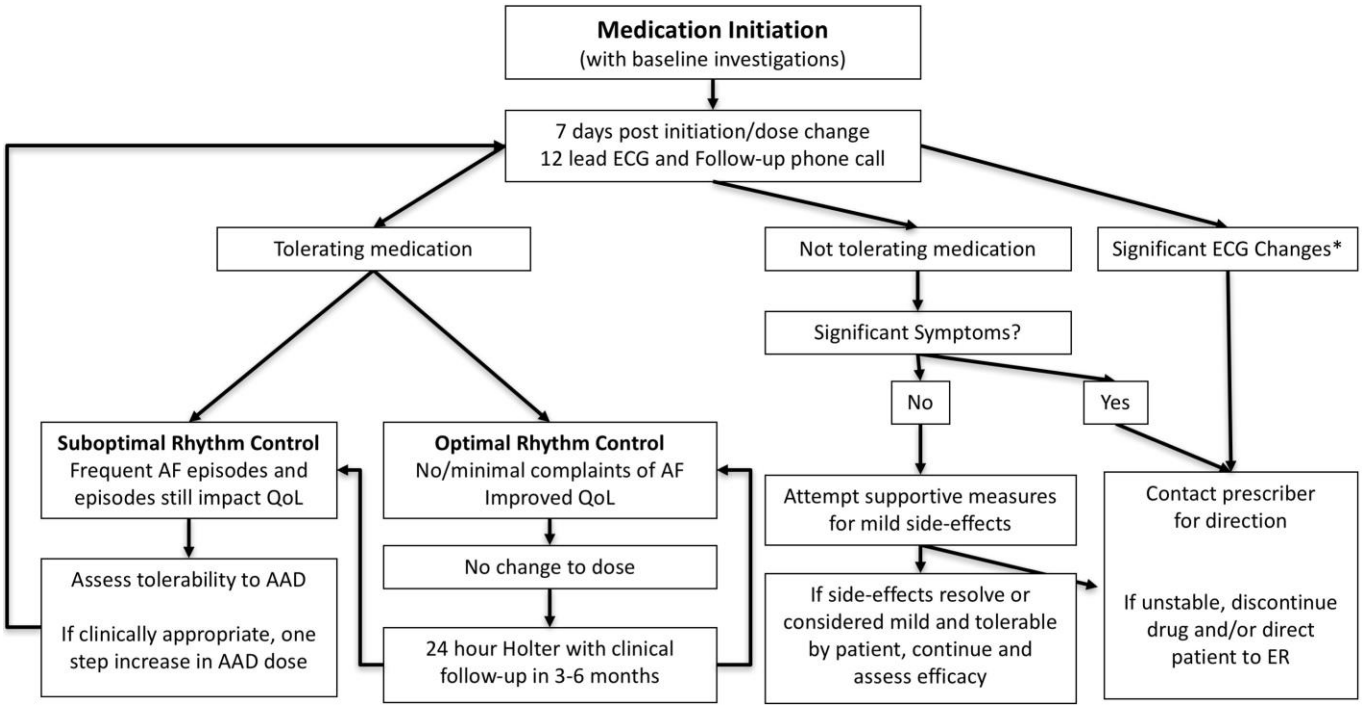
- Blood pressure
- ECG (within 1 week)
- Echocardiogram (or other assessment of LV function; within 1 year)
- Laboratory investigations (within 1 month) - Serum electrolytes, and Serum Creatinine/eGFR

Dosing:

- Starting Dose
  - 40 mg BID (optional) or 80 mg BID (usual starting dose)
- Renal Dosing
  - CrCl 40-60 ml/min: adjust dose to once daily
  - CrCl < 40 ml/min: contraindicated
- Titration: See table below

Current Dose	Increase Dose to	Decrease Dose to
40 mg BID	80 mg BID	-----
80 mg BID	120 mg BID	40 mg BID
120 mg BID	160 mg BID	80 mg BID
160 mg BID	--------	120 mg BID

If the patient's dosing does not fall into one of the intervals, contact the EP/cardiologist or consult clinical pharmacist for closest equivalent dosing.



Monitoring:

Parameter	Frequency	Considerations
ECG	Within 7 days of a dose change Every 6-12 months if stable	Notify prescriber if any of the following develop: • >25% increase from baseline QTc (>500ms) • Heart rate <50 bpm If prescriber not immediately available then consider reducing dose or temporary discontinuation
Patient response	With each dose change and at each patient follow-up appointment	• If symptoms improved and/or decreased frequency of episodes: ○ Maintain at current dose and arrange follow-up (including holter) as per algorithm. • If no/minimal improvement in AF symptoms and patient tolerating sotalol at current dose

		○ Titrate sotalol per protocol and send patient for a repeat ECG within 7 days
Medication Tolerance	With each dose change, and at each patient follow-up appointment	• Exacerbation/New onset of HF symptoms ○ Strongly consider holding sotalol pending the outcome of clinical review • Exacerbation of reactive airway disease ○ Consider holding pending the outcome of clinical review • Syncope ○ Discontinue sotalol, report to ER • Dizziness/lightheadedness ○ If acute onset, severe, or persistently problematic send for clinical review ○ Consider holding pending clinical review • Headache, sleep disturbance, depression, GI upset ○ Supportive measures (up to 1 month) • Notify prescriber if symptoms persists and are problematic
24 hour Holter Monitor	Once patient maintained on stable dose	• Arrange for Holter and follow-up visit (in-clinic or telehealth) in 3-6 months following last dose adjustment (or as previously scheduled)
Electrolytes & Serum Creatinine	Every 6 months (Q3months if on diuretics, nephrotoxic meds or baseline renal insufficiency)	• If ↓ K^+ or ↓ Mg^{2+} ○ Supplement and repeat labs in 1 week (preferably delegate to GP) • CrCl 40-60 ml/min: adjust dose to once daily • CrCl < 40 ml/min: contraindicated

Patient counseling to include:

- Discuss any new mediation starts (OTC, prescription) with community pharmacist or prescriber
    - These include antibiotics, antihistamines, antidepressants, diuretics
- Use care to avoid dehydration as this may provoke electrolyte disturbances or renal dysfunction
    - Consider consulting primary care provider if severe diarrhea/vomiting/dehydration
- Stop sotalol and report to ER if any syncopal episodes

Tapering / Discontinuation Schedule

- Consider tapering gradually to discontinue, particularly in patients with CAD.
    - Abrupt withdrawal has been associated with acute tachycardia, hypertension, and/or ischemia.
    - If sotalol must be discontinued abruptly, consider the use of an interim alternate beta-blocker if worsening angina or acute coronary insufficiency.
- Suggested tapering schedule:

Current Dose	Decrease Dose to	Duration
40 mg BID	20mg BID (optional)	3 - 5 days then discontinue
80 mg BID	40 mg BID	3 - 5 days then next decrease
120 mg BID	80 mg BID	3 - 5 days then next decrease
160 mg BID	120 mg BID	3 - 5 days then next decrease

Wash-out period prior to initiating alternate antiarrhythmic

- 3 days