

Guidance for review of adult patients being prescribed amiodarone

Amiodarone is only recommended in line with recommendations made by [NHS England guidance on items which should not routinely be prescribed](#).

Amiodarone has a place in the treatment for arrhythmias where other treatments cannot be used or have failed. Amiodarone can be used for the following licensed indications, which include:

- Tachyarrhythmias associated with Wolff-Parkinson-White Syndrome.
- Atrial flutter fibrillation / atrial fibrillation when other drugs cannot be used.
- All types of tachyarrhythmias of paroxysmal nature including supraventricular, nodal and ventricular tachycardias and ventricular fibrillation when other drugs cannot be used.

NHSE also recommends amiodarone prescribing for prior and post cardioversion or, it can be considered in specific patients who also have heart failure or left ventricular impairment.

Amiodarone is not recommended for long term rate control in atrial fibrillation.

NEW initiations: initiated by a specialist only and continued in primary care in line with the recommendations set out in the HWE ICS [shared care document for amiodarone](#).

EXISTING patients: if prescribed amiodarone that is not in line with recommendations set out in the [shared care document for amiodarone](#), patient should be reviewed to ensure continued treatment indicated and there is a clear indication for therapy documented in patient record.

- De-prescribing of amiodarone is only recommended under specialist supervision.
- Where ongoing therapy is recommended (other treatments cannot be used, have failed or in line with [NICE Guidance 196](#)), ongoing monitoring arrangements need to be put in place as detailed in the [shared care document for amiodarone](#). To facilitate, implementation of a shared care arrangement may be considered, to ensure safe and appropriate prescribing, monitoring and ongoing review of continuation of therapy by the appropriate clinician.

The flow charts below aims to support primary care clinicians to review existing patients prescribed amiodarone in collaboration with cardiology specialist teams to

- Determine if indication aligns with recommended indications and ongoing therapy is supported or if de-prescribing should be considered
- Determine and agree shared responsibilities for ongoing monitoring and review for those patients that remain on amiodarone for their arrhythmia management (applies to adults aged 18 and over)

**Please note that there may be other individual scenario's that are not covered by the flow chart. Primary care should contact the specialist for advice and guidance on next steps to ensure appropriate patient review or refer the patient to a specialist for a review where clinically appropriate.*

Primary care to
identify all patients prescribed amiodarone via the
GP clinical system

Exclude patients already on amiodarone treatment and monitoring arrangements that are in line with the local shared care protocol.

If the patient is still under cardiology for follow up for arrhythmia management (follow steps 1& 2 below)
(for existing historic patients that have been discharged from cardiology follow up care – go to page 4)

1. INDICATION

Within scope of NHSE recommendations



Continue to step 2. Monitoring arrangements

Not specified/unclear/outside scope of NHSE
recommendations

*long-term treatment for rate control for atrial
fibrillation is not recommended

**unlicensed indication: primary care prescribing not
recommended. Ongoing prescribing by specialist.



Seek advice from cardiology team confirming indication
and ongoing treatment required.

Action:

- ❖ Specialist to advise primary care to continue
prescribing where appropriate and confirm
indication. (Primary care to clearly document in
notes)

Continue to step 2. Monitoring arrangements

- ❖ Specialist to review at next scheduled appointment
(scheduled app <12months) or recall patient if
urgent review needed or if next appointment
>12months with aim to de-prescribe amiodarone.
Specialist to de-prescribe, initiate alternative
treatment as required & follow-up patient through
this process on arrhythmia management. Inform GP
and patient on next steps.

Continue to step 2. Monitoring arrangements

Prior or post cardioversion to maintain sinus rhythm



Usually, defined duration only. Specialist to confirm
duration post cardioversion procedure.

Continue to step 2. Monitoring arrangements

2. MONITORING

Where ongoing treatment is recommended:

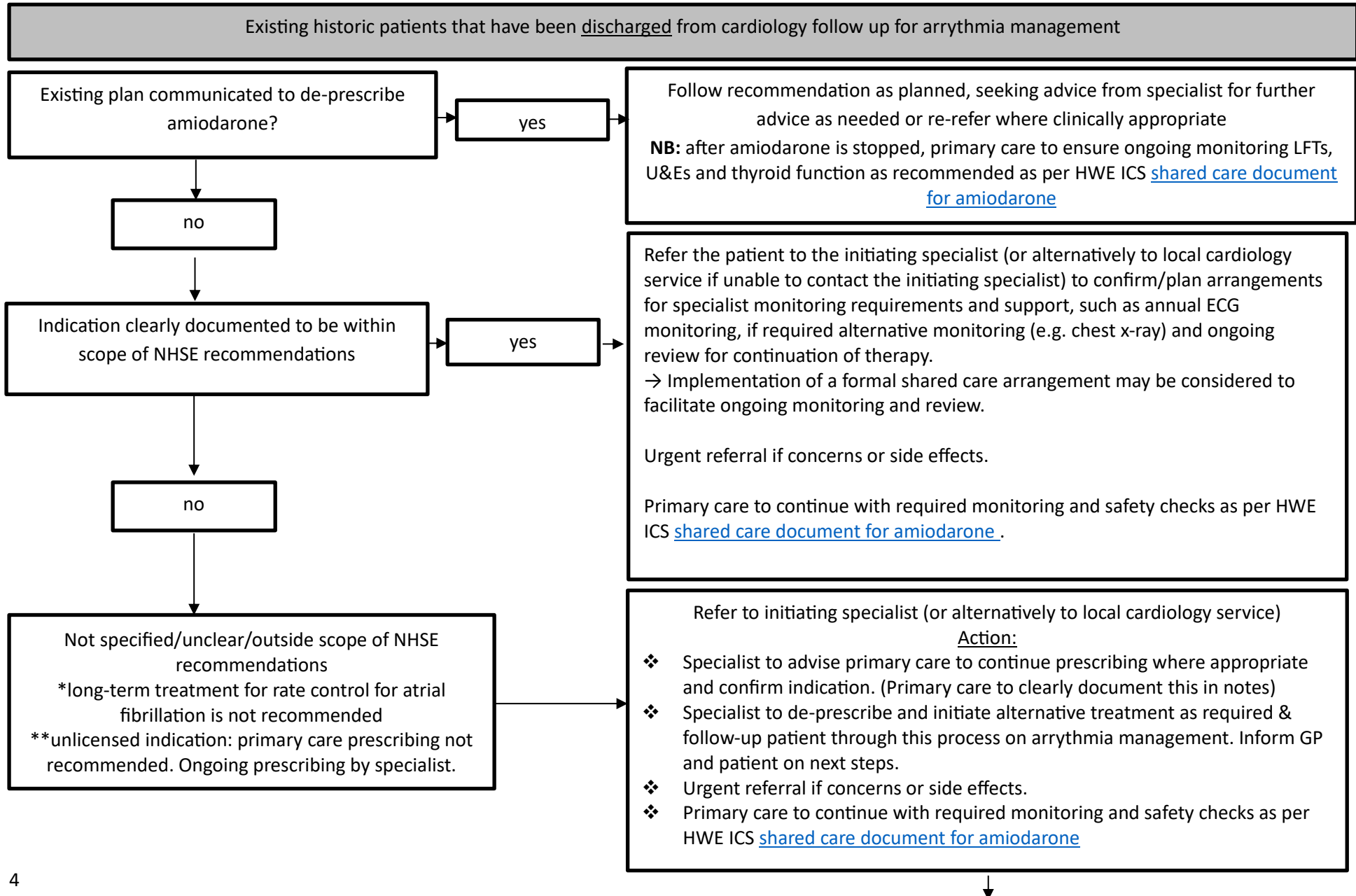
Patients should not be discharged from cardiology care to ensure ongoing review and monitoring.

All patients on amiodarone require monitoring and ongoing management in line with recommendations detailed in HWE [shared care document for amiodarone](#)

Facilitation of a formal shared care arrangement may be considered to implement ongoing required monitoring

Alternatively, specialist to confirm other suitable arrangements for monitoring requirements and support such as but not limited to annual ECG monitoring (and if required alternative monitoring (e.g. chest x-ray as required) and review for continuation of therapy

NB: If Amiodarone treatment is to be stopped
Ensure ongoing monitoring LFTs, U&Es and thyroid function as recommended as per
HWE ICS [shared care document for amiodarone](#)

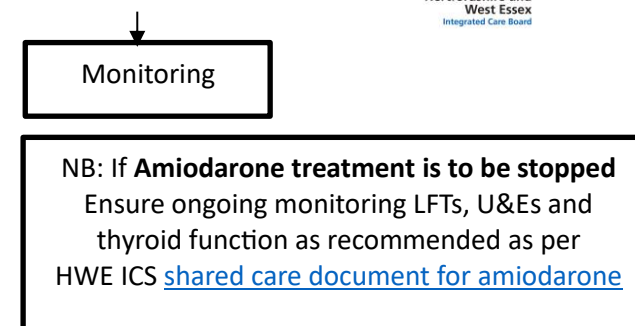


Where ongoing treatment is recommended:

All patients on amiodarone require monitoring and ongoing management in line with recommended actions detailed in HWE ICS [shared care document for amiodarone](#)

Facilitation of a formal shared care arrangement may be considered to implement on going required monitoring

Alternatively, specialist to confirm other suitable arrangements for amiodarone monitoring requirements and support such as but not limited to annual ECG monitoring (and if required alternative monitoring (e.g. chest x-ray as required) and review for continuation of therapy



Further information

As per the [NHSE guidance](#) amiodarone has been classed as items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or significant safety concerns and has advised the following recommendations:

- Do not initiate.
- Deprescribe in patients currently prescribed this medicine.
- Prescribe only if no other item or intervention is clinically appropriate.
- Prescribe only if no other item or intervention is available.
- Prescribe only if for a named indication (licenced indication).

The HWE ICS [amiodarone shared care protocol](#) highlights key responsibilities for specialists and primary care clinicians.

References

1. NHSE Items which should not routinely be prescribed in primary care: policy guidance (October 2023). Available at: <https://www.england.nhs.uk/long-read/items-which-should-not-routinely-be-prescribed-in-primary-care-policy-guidance/>. (Accessed: 10/05/2024).
2. NHS Shared Care Protocols (SCPs). Available at: <https://www.england.nhs.uk/publication/shared-care-protocols/#heading-1> (Accessed 10/05/2024).

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