

Amiodarone

General	
• Class of the drug:	Antiarrhythmics
• Synonym(s):	
• Common trade name(s) in Switzerland:	Cordarone [®] , Escodarone [®]
• Conversion factors:	Amiodarone: $mg/l \times 1.55 = \mu mol/l$ $\mu mol/l \times 0.645 = mg/l$ DEA: $mg/l \times 1.62 = \mu mol/l$ $\mu mol/l \times 0.617 = mg/l$
Clinical pharmacology	
• Indications for TDM:	Uncertain response or suspected toxicity. Routine monitoring of amiodarone is questioned.
• Protein binding:	96-98% (α_1 -acid glycoprotein)
• Elimination half-life:	Amiodarone: 55 (21-78) days DEA: 129 days
• Volume of distribution:	70 l/kg
• Metabolism:	
- Main metabolic pathways:	Via CYP3A4 to desethyl-amiodarone (DEA) and other metabolites
- Active metabolite(s)?	DEA: 2-3 times more potent than amiodarone
- Inhibitor or inducer of the cytochrome P450 system?	Inhibitor of CYP2C9, CYP2D6, CYP3A4
- Other significant pharmacokinetic interactions:	Trimetoprim and ofloxacin decreases renal tubular secretion
• Elimination of parent drug:	Hepatic >98%
• Typical therapeutic range:	0.8-2.6 mg/l (1.2-4.0 $\mu mol/l$), not defined for DEA
• Potentially toxic concentration:	>2.6 mg/l (>4.0 $\mu mol/l$) for amiodarone >2.0 mg/l (>3.2 $\mu mol/l$) for DEA (not well defined)
Pre-analytics	
• Time to steady-state since beginning of treatment or change of posology:	Up to six month (!), faster with a loading dose
• Time for blood sampling:	Before next dose at steady state
• Type(s) of sample:	Serum or plasma

<ul style="list-style-type: none"> Stability: 	2 days at room temperature; decreases up to 23% within a week (independent of storage temperature); binds to barrier gels in blood collection tubes!
Analytics	
<ul style="list-style-type: none"> Position(s) in the analysis list/Method: 	8635.02 HPLC/GC 8635.03 LC-MS/GC-MS
Remarks	During therapy the ratio amiodarone to DEA is >1. May be used as index for compliance.
References	<ul style="list-style-type: none"> Natel S et al., <i>Circulation</i> 77 (1988) 200 Somani P, <i>J. Clin. Pharmacol.</i> 29 (1998) 405 Valdes R et al., <i>Clin. Chem.</i> 44 (1998) 1096 Campbell TJ and Williams KM, <i>Br. J. Clin. Pharmacol.</i> 46 (1998) 307 Jürgens G et al., <i>Clin. Pharmacokinet.</i> 42 (2003) 647