Cardiac Services BC
Provincial Health Services Authority

BC AFC Flecainide Initiation and Titration Pathway (For Prescribers)

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

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Clinical Indications:

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

Absolute Contraindications:

- Pre-existing advanced AV block (second- or third-degree AV block) or conduction system disorders (left bundle branch block, or right bundle branch block when associated with left hemiblock) unless a functioning pacemaker is present.
- Ischemic heart disease (active ischemia or history of myocardial infarction)
- Clinical heart failure or LVEF <40%
- Brugada Syndrome

Relative Contraindications (caution for use):

- Sinus bradycardia (<50 bpm) or sick sinus syndrome
- 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)
- Severe hepatic or severe renal impairment (CrCl < 35 ml/min)

Baseline Investigations:

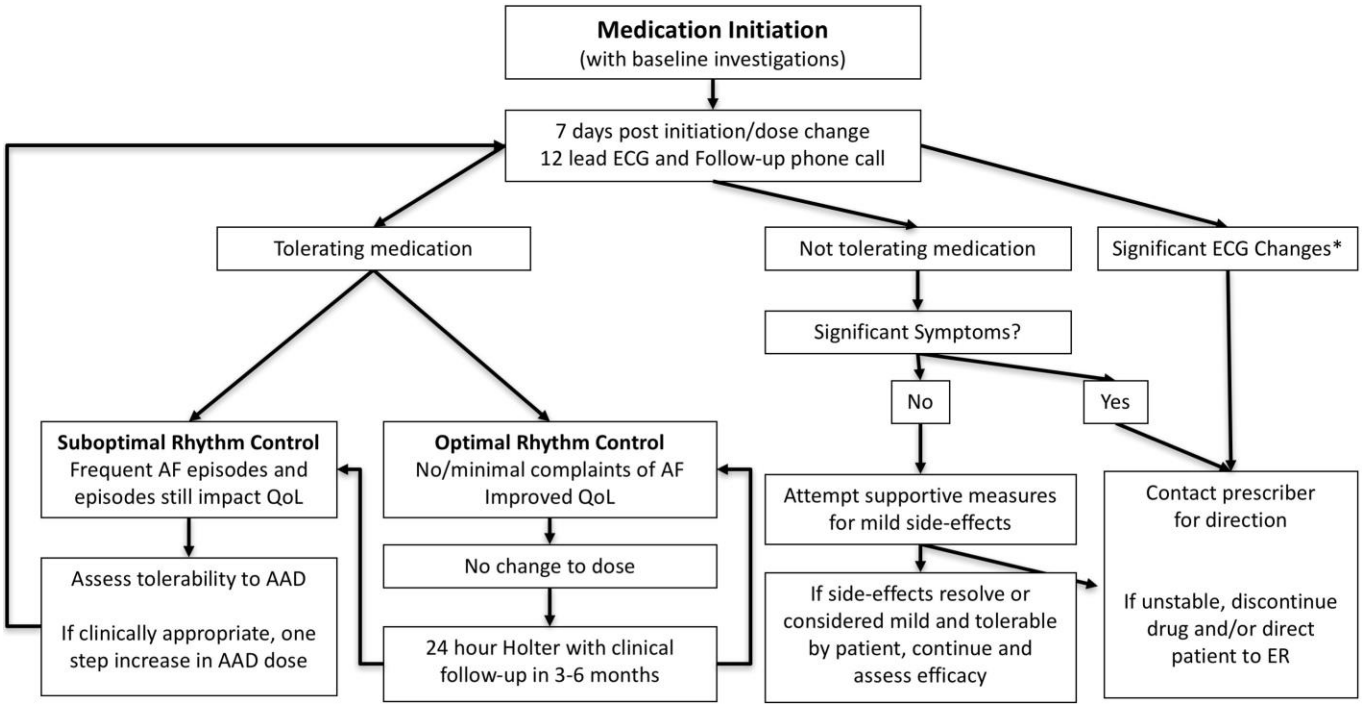
- Blood pressure
- ECG (within 1 week)
- Echocardiogram (or other assessment of LV function; within 1 year)
- Stress Test (if not done within previous 1 year)
- Laboratory investigations (within 1 month) - Serum electrolytes, and Serum Creatinine/eGFR

Dosing:

- Starting Dose
    - 50 – 75 mg BID combined with an AV nodal blocker (beta blocker or diltiazem/verapamil)
- Renal Dosing:
    - CrCl <35 ml/min: consider alternate AAD unless flecainide trough monitoring is available
- Titration: See table below

Current Dose	Increase Dose to	Decrease Dose to
50 mg BID	75 mg BID	-----
75 mg BID	100 mg BID	50 mg BID
100 mg BID	125 mg BID	75 mg BID
125 mg BID	150 mg BID	100 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: • PR Interval >200 msec • >25% increase from baseline QRS Duration or >150ms • 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 flecainide at current dose
		  ○ Titrate flecainide 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 flecainide pending the outcome of clinical review
		• Syncope
		  ○ Discontinue flecainide, report to ER
		• Dizziness/lightheadedness
		  ○ If acute onset, severe, or persistently problematic send for clinical review
		  ○ Strongly consider holding flecainide pending the outcome of clinical review
		• Headache, visual disturbance, GI upset, tremor
		  ○ Supportive measures (up to 1 month)
		  ○ Notify prescriber if symptoms persists and are problematic

24 hour Holter	Once patient	• Arrange for Holter and follow-up visit (in-clinic or

Monitor	maintained on stable dose	telehealth) in 3-6 months following last dose adjustment (or as previously scheduled)
Ischemia assessment	Yearly	• Assess patients for symptoms of CAD annually, and consider stress testing IF significant symptoms present.
Labs (serum electrolytes and renal function)	Annually for stable patients Every 6 months (CrCl 30-60 ml/min)	• Rarely, flecainide may cause blood dyscrasias or hepatic dysfunction. • Consider bloodwork to assess if clinical suspicion

Patient counseling to include:

- Contact primary care physician or AFC with situations that might provoke electrolyte disturbances or renal dysfunction, such as diarrhea/vomiting/dehydration or diuretic therapy
- Stop flecainide and report to ER if the patient experiences a syncopal episode

Tapering / Discontinuation Schedule

- Not applicable

Wash-out period prior to initiating alternate antiarrhythmic

- 3 days