

## Sotalol Initiation and Dosage Titration Guideline University Health System

*Initiation of Therapy Restricted to Cardiology Faculty and Fellows*

1. Patient must be placed on telemetry
2. Baseline EKG
3. Basic metabolic profile (BMP) daily in AM
4. Magnesium daily in AM
<p>5. Dosing</p> <p>a. <b>For Atrial Fibrillation:</b></p> <ul style="list-style-type: none"> <li>• If QTc (corrected QT) &gt; 450 msec, DO NOT START sotalol</li> <li>• Recommended initial dose is 80 mg if QTc &lt; 450 msec, adjusted for renal function: <ul style="list-style-type: none"> <li>○ CrCl &gt; 60 mL/min: start 80 mg PO q 12h</li> <li>○ CrCl 40 – 60 mL/min: start 80 mg PO q 24h</li> <li>○ CrCl &lt; 40 mL/min: sotalol is contraindicated for atrial fibrillation</li> </ul> </li> <li>• Dose may be titrated up to 120 mg q 12h during hospitalization if CrCl &gt; 60 mL/min and QTc &lt; 500 msec</li> </ul> <p>b. <b>For Ventricular Arrhythmias::</b></p> <ul style="list-style-type: none"> <li>• Recommended initial dose is 80 mg PO q 12h if CrCl &gt; 60mL/min</li> <li>• Dose may be increased in increments of 80 mg per day every 3 days, if QTc &lt; 500 msec</li> <li>• Continually monitor patients until steady state blood levels are achieved</li> <li>• In most patients, therapeutic response is obtained at total daily dose of 160 to 320 mg/day, given in 2 or 3 divided doses (given long terminal elimination half-life of sotalol, dosing more frequently than 2 times a day is usually not necessary)</li> <li>• Oral doses as high as 480 to 640 mg/day have been utilized in patients with refractory life-threatening arrhythmias</li> <li>• Adjustment for renal function: <ul style="list-style-type: none"> <li>○ CrCl &gt; 60mL/min: dosing interval q 12h</li> <li>○ CrCl 30 – 59 mL/min: dosing interval q 24h</li> <li>○ CrCl 10 – 29 mL/min: dosing interval q 36 - 48h</li> <li>○ CrCl &lt; 10 mL/min: dose should be individualized</li> </ul> </li> </ul>
6. EKG 2 hours post-sotalol dose X 5 doses
7. If QTc > 500 msec ( > 550 msec for wide QRS) or > 15% of baseline after first dose, stop sotalol and notify physician
8. If QTc > 500 msec ( > 550 msec for wide QRS) any time after first dose, hold sotalol and notify physician
9. Electrolyte replacement protocol to keep potassium ≥ 4 mmol/L and magnesium ≥ 2 mg/dL
10. Pharmacy to verify drug interactions and other QT-prolonging medications

*References:*

1. Sotalol (Betapace AF<sup>®</sup>) [package insert]. Wayne, NJ: Bayer HealthCare Pharmaceuticals; 02/2011.
2. Sotalol (Sorine<sup>®</sup>) [package insert]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; 06/2017.