After Cordarone I.V. administration, there is evidence of activity well before significant concentrations of fibrillation and hemodynamically unstable ventricular tachycardia in patients refractory to other therapy. (p = 0.07, 2-sided, in both studies). In one study, the time to first episode of VT/VF was significantly preceding 24 hours were randomly assigned to receive doses of approximately 125 or 1000 mg over the infusions, and then an 18-hour maintenance infusion. The maintenance infusion was continued up to concentrations above 0.05 mg/L are not usually seen until after several days of continuous infusion but concentrations after single 5 mg/kg 15-minute intravenous infusions in healthy subjects range between the initial acute effects of Cordarone I.V. may be predominantly focused on the AV node, causing an alteration (QRS), and infranodal conduction (His-ventricular, HV). A comparison of the electrophysiologic effects of Cordarone I.V. and amiodarone in and out of sinus rhythm in humans is shown on the next page.

**Cardiovascular:**
- Cyclosporine
- Verapamil
- Benzodiazepines
- Imipramine
- Verapamil
- Diltiazem
- Metformin
- Dipyridamole
- Some tricyclic antidepressants

**Neurologic:**
- Haloperidol
- MAOIs
- Monoamine oxidase inhibitors
- Methylphenidate

**Gastrointestinal:**
- Erythromycin
- Clarithromycin
- Fluconazole
- Ketoconazole
- Midazolam
- It is recommended that FiO2 and the determinants of oxygen delivery to the tissues be reassessed and, where appropriate, plasma concentration measured. In view of the long and variable half-life of amiodarone, a dosage reduction or drug discontinuation may be required in patients with renal failure or those with long intervals between infusions. The presence of hepatic reactive metabolites may cause hepatocellular injury. The potential for other interactions should be anticipated. This is especially important for drugs associated with hepatic metabolism, some of which may accumulate in patients with impaired hepatic function. For example, certain drugs may inhibit the oxidizing component of the cytochrome P-450 system, which is the major route of amiodarone biotransformation. The potential for drug interactions is especially important for drugs associated with hepatic metabolism. The potential for drug interactions is especially important for drugs associated with hepatic metabolism. The potential for drug interactions is especially important for drugs associated with hepatic metabolism. The potential for drug interactions is especially important for drugs associated with hepatic metabolism. The potential for drug interactions is especially important for drugs associated with hepatic metabolism.
**Adverse Reactions**

In a total of 10,611 patients treated with Cordarone I.V., 14% of patients reported treatment-emergent adverse events during initial daily dose administration, which were mostly transient. Among 10,109 patients for whom data were available, 10% reported treatment-emergent adverse events during follow-up after initial dose administration, which were mostly transient. Treatment was discontinued in 9% of patients because of adverse events. The most common adverse events leading to discontinuation were: fever, nausea, increased liver function test abnormalities, VT, and AV block. Overall, treatment was discontinued for about 9% of patients at least once during treatment. There were no effects of an inadvertent overdose of oral amiodarone.

**Intravenous Adverse Reactions**

The incidence of adverse events in Cordarone I.V. clinical trials was similar to that of placebo, and was not increased by the use of I.V. administration. Among the 1836 patients treated with Cordarone I.V., 14% of patients reported treatment-emergent adverse events during initial daily dose administration, which were mostly transient. Among 10,109 patients for whom data were available, 10% reported treatment-emergent adverse events during follow-up after initial dose administration, which were mostly transient. Treatment was discontinued in 9% of patients because of adverse events. The most common adverse events leading to discontinuation were: fever, nausea, increased liver function test abnormalities, VT, and AV block. Overall, treatment was discontinued for about 9% of patients at least once during treatment. There were no effects of an inadvertent overdose of oral amiodarone.

**Clinical Trials**

In a total of 10,611 patients treated with Cordarone I.V., 14% of patients reported treatment-emergent adverse events during initial daily dose administration, which were mostly transient. Among 10,109 patients for whom data were available, 10% reported treatment-emergent adverse events during follow-up after initial dose administration, which were mostly transient. Treatment was discontinued in 9% of patients because of adverse events. The most common adverse events leading to discontinuation were: fever, nausea, increased liver function test abnormalities, VT, and AV block. Overall, treatment was discontinued for about 9% of patients at least once during treatment. There were no effects of an inadvertent overdose of oral amiodarone.

**Drug-Induced Liver Injury (DILI)**

Drug-induced liver injury (DILI) is a rare adverse effect that can occur during therapy with antifungal, antiviral, and antiparasitic agents, as well as chemotherapeutic agents. DILI is a term used to describe a spectrum of liver injury, ranging from asymptomatic elevations in liver function tests to fulminant hepatic failure and death.

**Amiodarone-Induced Liver Injury (AIHI)**

Amiodarone is a Class III antiarrhythmic agent used to treat a variety of cardiac arrhythmias. It is a prodrug that undergoes extensive metabolism in the liver. Amiodarone-induced liver injury (AIHI) is a rare, but serious adverse effect that can occur in patients treated with amiodarone.

**Biliary Obstruction**

Biliary obstruction is a rare, but serious adverse effect that can occur in patients treated with amiodarone. It is characterized by elevated liver enzymes, jaundice, and abdominal pain. Biliary obstruction is thought to be due to the formation of amiodarone- and amiodarone metabolite-induced bile ducts.

**Adverse Events During Oral Administration**

In a total of 10,611 patients treated with Cordarone I.V., 14% of patients reported treatment-emergent adverse events during initial daily dose administration, which were mostly transient. Among 10,109 patients for whom data were available, 10% reported treatment-emergent adverse events during follow-up after initial dose administration, which were mostly transient. Treatment was discontinued in 9% of patients because of adverse events. The most common adverse events leading to discontinuation were: fever, nausea, increased liver function test abnormalities, VT, and AV block. Overall, treatment was discontinued for about 9% of patients at least once during treatment. There were no effects of an inadvertent overdose of oral amiodarone.

**Adverse Events During Intravenous Administration**

In a total of 10,611 patients treated with Cordarone I.V., 14% of patients reported treatment-emergent adverse events during initial daily dose administration, which were mostly transient. Among 10,109 patients for whom data were available, 10% reported treatment-emergent adverse events during follow-up after initial dose administration, which were mostly transient. Treatment was discontinued in 9% of patients because of adverse events. The most common adverse events leading to discontinuation were: fever, nausea, increased liver function test abnormalities, VT, and AV block. Overall, treatment was discontinued for about 9% of patients at least once during treatment. There were no effects of an inadvertent overdose of oral amiodarone.