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Some reported causes and potentiators of the long QT syndrome

Congenital

- Jervell and Lange-Nielsen syndrome (including "channelopathies")
- Romano-Ward syndrome
- Idiopathic

Acquired

 Metabolic disorders Hypokalemia Hypomagnesemia Hypocalcemia Starvation Starvation Anorexia nervosa Liquid protein diets Hypothyroidism Bradyarrhythmias Sinus node dysfunction AV block: Second or third degree 	Other factors Myocardial ischemia or infarction, especially with prominent T-wave inversions Intracranial disease HIV infection Hypothermia Toxic exposure: Organophosphate insecticides	 Androgen deprivation GnRH agonist/anta Bilateral surgical of Diuretic therapy via ele particularly hypokalemia hypomagnesemia Herbs Cinchona (contains (ibogaine), licorice via electrolyte dist 	agonist theraj rchiectomy ectrolyte disor a and s quinine), ibc extract in ove
Medications*			
High risk		1	
 Adagrasib Ajmaline[¶] Amiodarone^Δ Arsenic trioxide 	 Cisaparide (restricted availability) Delamanid[¶] 	LenvatinibLevoketoconazoleMethadoneMobocertinib	SelpercaSertindoSotalolTerfenado

 Astemizole^{\$} Bedaquline Bepridil^{\$} Chlorpromazine 	 Disopyramide[∆] Dofetilide Dronedarone Haloperidol (IV) Ibutilide Ivosidenib 	 Papavirine (intracoronary) Procainamide Quinidine Quinine 	VandetarVernakalaZiprasido
Moderate risk			
 Amisulpride[¶] (oral)[§] Azithromycin Capecitabine Carbetocin[¶] Certinib Chloroquine Citalopram Clarithromycin Clofazimine Clofazimine[¥] Clozapine Crizotinib Dabrafenib Dasatinib Deslurane Domperidone[¶] Doxepin[¥] Doxifluridine[¶] 	 Droperidol Encorafenib Entrectinib Erythromycin Escitalopram Etelcalcetide Fexinidazole Flecainide Floxuridine Fluconazole Fluorouracil (systemic) Flupentixol[¶] Gabobenate dimeglumine Gemifloxacin[¶] Gilteritinib Halofantrine Haloperidol (oral) Imipramine[¥] 	 Inotuzumab ozogamacin Isoflurane Levofloxacin (systemic) Lofexidine Meglumine antimoniate Midostaurin Moxifloxacin Nilotinib Olanzapine Ondansetrol (IV > oral) Osimertinib Oxytocin Pazopanib Pentamidine Pilsicainide \$ Pimozide Piperaquine Probucol \$ 	 Propafen Propofol Quetiapii Ribociclik Risperidc Saquinav Sevoflura Sparfloxa Sunitinib Tegafur[¶] Terbutali Thioridaz Toremife Vemurafa Voricona:
Low risk [‡]			
 Albuterol Alfuzosin Amisulpride (IV)[§] Amitriptyline Anagrelide Apomorphine Arformoterol 	 Fingolimod Fluoxetine Fluphenazine Formoterol Foscarnet Fostemsavir Gadofosveset 	 Mequitazine Methotrimeprazine Metoclopramide (rare reports) Metronidazole (systemic) Mifepristone 	 Ranolazir (due to bradycar) Relugolix Rilpivirin) Romidep Roxithror

 Artemether- lumefantrine Asenapine Atomoxetine Benperidol Bilastine[¶] Bosutinib Bromperidol Buprenorphine[†] Buserelin Ciprofloxacin (Systemic) Cocaine (Topical) Degarelix Desipramine Deutetrabenazine 	 Glasdegib Goserelin Granisetron Hydroxychloroquine (rare reports) Hydroxyzine Iloperidone Indacaterol Itraconazole Ketoconazole (systemic) Lacidipine Lapatinib Lefamulin Leuprolide Leuprolide- norethindrone 	 Mirtazapine Mizolastine Nelfinavir Norfloxacin Nortriptyline Ofloxacin (systemic) Olodaterol Osilodrostat Oxaliplatin Ozanimod^{ΔΔ} Pacritinib Paliperidone Panobinostat Pasireotide Pefloxacin 	 Salmeter Sertraline Siponimc Siponimc Solifenac Sorafenik Sulpiride Tacrolimu (systemic) Tamoxife Telavanci Telithrom Teneliglip Tetraben Trazodon Triclaben Triptoreli
 Buserelin Ciprofloxacin (Systemic) Cocaine (Topical) Degarelix Desipramine 	 Ketoconazole (systemic) Lacidipine Lapatinib Lefamulin Leuprolide 	 Oxaliplatin Ozanimod^{∆∆} Pacritinib Paliperidone Panobinostat Pasireotide 	 Telavanci Telithrom Teneliglir Tetraben Trazodon Triclaben

This is not a complete list of all corrected QT interval (QTc)-prolonging drugs and does not include drugs with either a minor degree or isolated association(s) with QTc prolongation that appear to be safe in most patients but may need to be avoided in patients with congenital long QT syndrome depending upon clinical circumstances. A more complete list of such drugs is available at the CredibleMeds website. For clinical use and precautions related to medications and drug interactions, refer to the UpToDate topic review of acquired long QT syndrome discussion of medications and the Lexicomp drug interactions tool.

AV: atrioventricular; IV: intravenous; QTc: rate-corrected QT interval on the electrocardiogram.

* Classifications provided by Lexicomp according to US Food & Drug Administration guidance: Clinical Evaluation of QT/QTc Interval Prolongation and Proarrhythic

Potential for Non-Antiarrhythmic Drugs – Questions and Answers; Guidance for Industry US Food and Drug Administration, June 2017 (revision 2) available at: https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/G uidances/UCM073161.pdf with additional data from CredibleMeds QT drugs list^[1,2]. The use of other classification criteria may lead to some agents being classified differently by other sources.

¶ Not available in the United States.

 Δ In contrast with other class III antiarrhythmic drugs, amiodarone is rarely associated with torsades de pointes; refer to accompanying text within UpToDate topic reviews of acquired long QT syndrome.

♦ Withdrawn from market in most countries due to adverse cardiovascular effects.

§ IV amisulpride antiemetic use is associated with less QTc prolongation than the higher doses administered orally as an antipsychotic.

¥ Other cyclic antidepressants may also prolong the QT interval; refer to UpToDate clinical topic on cyclic antidepressant pharmacology, side effects, and separate UpToDate topic on tricyclic antidepressant poisoning.

[‡] The "low risk" category includes drugs with limited evidence of clinically significant QTc prolongation or TdP risk; many of these drugs have label warnings regarding possible QTc effects or recommendations to avoid use or increase ECG monitoring when combined with other QTc prolonging drugs.

[†] Rarely associated with significant QTc prolongation at usual doses for treatment of opioid use disorder, making buprenorphine a suitable alternative for patients with methadone-associated QTc prolongation. Refer to UpToDate clinical topic reviews.

** The United States FDA labeling for the sublingual preparation of dexmedetomidine warns against use in patients at elevated risk for QTc prolongation. Both intravenous (ie, sedative) and sublingual formulations of dexmedetomidine have a low risk of QTc prolongation and have **not** been implicated in TdP.

¶¶ Over-the-counter; available without a prescription.

ΔΔ Not associated with significant QTc prolongation in healthy persons. Refer to UpToDate clinical topic for potential adverse cardiovascular (CV) effects in patients with CV disease.

Data from:

- 1. Lexicomp Online. Copyright ©1978-2023 Lexicomp, Inc. All Rights Reserved.
- 2. CredibleMeds QT drugs list website sponsored by Science Foundation of the University of Arizona. Available at http://crediblemeds.org/.

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