

HEALTHCARE AGREEMENT FOR PATIENTS TAKING DOFETILIDE (TIKOSYN)

You are taking a medication called dofetilide (Tikosyn) to control your irregular heartbeat. **It is very important that you do not run out of the medication.**

When you start taking dofetilide, and any time you restart the medication after stopping it, you will need to be in the hospital so you can be monitored.



Please read the statements below and initial after each one to indicate that you understand and agree to follow the instructions. Please ask your doctor or nurse if you have any questions about taking dofetilide.

1. I understand that I am taking dofetilide to control my heart rhythm. This medication must be started and restarted while I am in the hospital. _____
2. While taking dofetilide, I must have an electrocardiogram (EKG) and blood work (BMP and serum magnesium) two weeks after receiving the medication in the hospital and every three months thereafter. **I cannot get a refill on my prescription if I do not have the EKG and blood work.** These can be done at Cleveland Clinic or any facility. If I choose to have the EKG and blood work done outside of Cleveland Clinic, I will make sure the results are faxed to my Cleveland Clinic doctor. _____ **Please allow at least one week for us to review your records and call in a refill. Do not wait until you have only a few pills left before you call!**
3. I understand that I need to make sure I do not run out of dofetilide. I will call my pharmacy and have the medication refilled so I always have a supply of dofetilide. _____
4. I understand that it is my responsibility to contact my pharmacy or insurance company to find out the cost of dofetilide. It is also my responsibility to find out how much of the cost will be covered by insurance. I will contact my pharmacy to make sure the medication is available. _____
5. I understand that I must have a yearly appointment with my Cleveland Clinic doctor to continue my dofetilide prescription. _____
6. I understand that I need to contact my Cleveland Clinic doctor before I start taking any new medications. _____

If you would like more information about dofetilide, including a list of area pharmacies that carry the medication, visit www.tikosyn.com. The website also has information about payment plans for patients who need help paying for the medication.

Patient Name: _____
CCF # _____

(or affix sticker with information here)

