



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIARRHYTHMICS, ORAL PA SUMMARY**

Preferred	Non-Preferred
Amiodarone generic Disopyramide generic Dofetilide generic Flecainide generic Mexiletine generic Pacerone (amiodarone) Propafenone IR and ER generic Quinidine generic	Multaq (dronedarone)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Multaq

- ❖ Approvable for the diagnosis of paroxysmal or persistent atrial fibrillation (AF) or atrial flutter (AFL) in members with one or more cardiovascular risk factors

AND

- ❖ Member must be in sinus rhythm or will be cardioverted and member must be taking antithrombotic therapy (i.e., aspirin, warfarin, Eliquis, Pradaxa, Savaysa, Xarelto)

AND

- ❖ Member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, amiodarone.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:



- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.