



**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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List