



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** propafenone extended release

**Brand Name:** Rythmol SR

**Medication Class:** antiarrhythmic drug

**FDA Approved Uses:** atrial fibrillation

**Available Dosage Forms:** Capsule 225mg, 325mg, 425mg

**Usual Dose:** 225mg-425mg twice daily

**Duration of Therapy:** Indefinite

**Approximate monthly cost** (based on AWP 2008): 225mg BID= 382.80  
325 and 425mg BID= 485.10

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed atrial fibrillation.
- Must have tried and failed or been intolerant to Rythmol (propafenone) immediate release.

**Contraindications:**

- Presence of congestive heart failure, cardiogenic shock, sinoatrial, atrioventricular and intraventricular disorders of impulse generation or conduction in the absence of an artificial pacemaker, bradycardia, marked hypotension, bronchospastic disorders, electrolyte imbalance, or hypersensitivity to the drug.

**Not Approved if:**

- Does not meet the above stated criteria.
- Have any contraindications to the use of propafenone.

**Special Considerations:**

- Rythmol immediate release is available as a generic.
- The only difference between Rythmol immediate release and Rythmol SR is that Rythmol SR is dosed twice daily vs. three times a day.

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_