

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	July 1, 2025

Sotylize[®] (sotalol hydrochloride) oral solution

LENGTH OF AUTHORIZATION: 1 year

REVIEW CRITERIA:

- Patient has diagnosis of life-threatening ventricular arrhythmias; **OR**
- For the maintenance of normal sinus rhythm in highly symptomatic atrial fibrillation/flutter (AFIB/AFL); **AND**
- Patient is unable to swallow a solid dosage form (e.g. an oral tablet or capsule) due to one of the following:
 - age limitation
 - oral/motor difficulties
 - dysphagia
 - feeding tube for medication administration

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 5 mg/mL oral solution.