



Federal Employee Program
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5.40.028

Section:	Prescription Drugs	Effective Date:	January 1, 2026
Subsection:	Cardiovascular Agents	Original Policy Date:	January 1, 2021
Subject:	Tikosyn	Page:	1 of 3

Last Review Date: December 12, 2025

Tikosyn

Description

Tikosyn (dofetilide)

Background

Tikosyn (dofetilide) is an antiarrhythmic drug with Class III (cardiac action potential duration prolonging) properties. Tikosyn blocks cardiac ion channels carrying the rapid component of the delayed rectifier potassium current I_{KR} . At clinically relevant concentrations, Tikosyn has no effect on sodium channels, adrenergic alpha-receptors, or adrenergic beta-receptors (1).

Regulatory Status

FDA-approved indication: Tikosyn is indicated in patients with atrial fibrillation/atrial flutter (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Tikosyn may be considered **medically necessary** for patients with atrial fibrillation or atrial flutter who have had an inadequate response, intolerance, or contraindication to the generic.

Tikosyn may be considered **investigational** for all other indications.

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Prior-Approval Requirements

Diagnosis

Patient must have the following:

Atrial fibrillation / Atrial flutter

- a. Inadequate treatment response, intolerance, or contraindication to generic Tikosyn: dofetilide

Prior – Approval Renewal Requirements

Same as above

Policy Guidelines

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Limits

Same as above

Rationale

Summary

Tikosyn (dofetilide) is an antiarrhythmic drug with Class III (cardiac action potential duration prolonging) properties. Tikosyn blocks cardiac ion channels carrying the rapid component of the delayed rectifier potassium current I_{KR} . At clinically relevant concentrations, Tikosyn has no effect on sodium channels, adrenergic alpha-receptors, or adrenergic beta-receptors (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Tikosyn while maintaining optimal therapeutic outcomes.

References

1. Tikosyn [package insert]. New York, NY: Pfizer Inc.; July 2021.

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Policy History

Date	Action
December 2020	Addition to PA. Annual review
December 2021	Annual review and reference update
December 2022	Annual review. Changed policy number to 5.40.028
March 2023	Annual review
December 2024	Annual review
December 2025	Annual review. Removed MedEx requirement and switched to t/f

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 12, 2025 and is effective on January 1, 2026.