



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Multaq

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Effective Date: 10/24/2023

Last Review Date: 10/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Multaq under the patient's prescription drug benefit.

Description:

Multaq is indicated to reduce the risk of hospitalization for atrial fibrillation in patients in sinus rhythm with a history of paroxysmal or persistent atrial fibrillation (AF).

Applicable Drug List:

Multaq

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed to reduce the risk of hospitalization for atrial fibrillation in a patient with a history of paroxysmal or persistent atrial fibrillation (AF), i.e., non-permanent AF

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

- Multaq [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; November 2020.
- Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed March 30, 2023.
- Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/30/2023).
- Multaq (dronedarone) Drug Safety Communication. Available at: <https://www.fda.gov/drugs/drugsafety/ucm283933.htm>. Accessed April 3, 2023.