

	
AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name: Multaq	Page: 1 of 1
Effective Date: 10/25/2024	Last Review Date: 10/2024
Applies to: <div> <input checked="" type="checkbox"/> Illinois <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Florida Kids </div> <div> <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Maryland <input checked="" type="checkbox"/> Michigan </div> <div> <input checked="" type="checkbox"/> Pennsylvania Kids <input checked="" type="checkbox"/> Virginia </div>	

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:

1. Multaq [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; October 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed April 3, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/03/2024).