Prior Authorization Review Panel
MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.

Policies submitted without this form will not be considered for review.

Plan: Aetna Better Health	**Submission Date:** 11/1/2020
Policy Number:	**Effective Date:** 1/1/2021 **Revision Date:** 2/2020
Policy Name: Multaq (Non-PDL)	
Type of Submission – Check all that apply: ☐ **New Policy** **X Annual Review – No Revisions** ☐ **Revised Policy**	
***All revisions to the policy must be highlighted using track changes throughout the document.** **Please provide any clarifying information for the policy below:** Thank you.	
Name of Authorized Individual (Please type or print): **Natalie Nkurunziza, Pharm.D.**	**Signature of Authorized Individual:** 

Last Review: 2/2020
Previous PARP Approval: 2/2019
Current PARP Approval: 11/2020

AETNA BETTER HEALTH®

Non-Formulary Prior Authorization guideline for Multaq (Non-PDL)

Authorization guidelines

May be authorized for members 18 years of age or older who meet the following criteria:

A. Must be prescribed by, or in consultation with a cardiologist

B. Provider attests member does not have any contraindications to Multaq

C. Diagnosis of paroxysmal or persistent atrial fibrillation currently in normal sinus rhythm OR with intent of cardioversion to normal sinus rhythm

D. Member does not have symptomatic heart failure with recent decompensation requiring hospitalization or NYHA Class IV heart failure.

E. Member had inadequate response, intolerable side effect, or contraindication, to one of the following formulary alternatives:

   1. amiodarone
   2. propafenone
   3. flecainide
   4. sotalol

Additional Information

Multaq is NOT covered for members with the following criteria:

- Use not approved by the FDA; **AND**
- The use is unapproved and not supported by the literature or evidence as an accepted off-label use.

Approval Duration

Last Review: 2/2020
Previous PARP Approval: 2/2019
Current PARP Approval: 11/2020

Initial Approval: 3 months
Renewals: 6 months
Requires:

- Attestation that member has positive response to treatment

- Monitoring of electrocardiogram (ECG) every 3 months to confirm atrial fibrillation (AF) has not become permanent.

Quantity Limits: 60/30 days

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member's family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of

Medical Necessity is not considered to be providing a health care service under this Agreement.

References:

1. Multaq® [package insert]. Sanofi-Aventis U.S. LLC, Bridgewater, NJ; January 2017. http://products.sanofi.us/multaq/multaq.html. Accessed December 11, 2019.
2. 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation: Executive Summary. Circulation. 2014; 130:2071-2104.
3. 2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. European Heart Journal (2016) 37, 2893–2962 doi:10.1093/eurheartj/ehw210.
4. Teme, Tonye, Goldberger, Jeffrey J. Efficacy and tolerability of dronedarone for patients with atrial fibrillation. Cardiology Journal. 2013. 20(5): 486-490.
5. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc., URL: http://www.clinicalpharmacology-ip.com/. Updated periodically. Accessed December 11, 2019.
6. CORDARONE Amiodarone tablets [Prescribing Information]. Pfizer Wyeth Pharmaceuticals Inc. Philadelphia, PA. March 2015.
7. January CT, Wann S, Alpert JS, et al. 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. Journal of the American College of Cardiology. 2014;64(21). doi.org/10.1016/j.jacc.2014.03.022.
8. Passman, R., Giardina, E.G., (2018), Clinical uses of dronedarone, In B.C. Downey (Ed), UpToDate. Retrieved October 31, 2018 from
9. Kumar, K.K., (2017), Antiarrhythmic drugs to maintain sinus rhythm in patients with atrial fibrillation: Recommendations, In G.M. Saperia (Ed), UpToDate. Retrieved October 31, 2018 from https://www.uptodate.com/contents/antiarrhythmic-drugs-to-maintain-sinus-rhythm-in-patients-with-atrial-fibrillation-recommendations

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