

MULTAQ PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for the diagnosis of paroxysmal or persistent atrial fibrillation (AF) or atrial flutter (AFL) in members with one or more cardiovascular risk factors

AND

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred agents (amiodarone, digoxin, flecainide, propafenone, propranolol, quinidine, sotalol AF, and verapamil immediate-release).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.