For patients with paroxysmal or persistent AFib new to rhythm control therapy

MULTAQ offers reimbursement support

Have questions about patient access to MULTAQ?

Frequently asked questions about reimbursement support for MULTAQ

Whom can I contact with questions about MULTAQ coverage?

Call Sanofi Patient Connection™

1-888-847-4877

Monday through Friday 9:00 AM – 8:00 PM Eastern Time

What if my patient can’t afford MULTAQ because of the co-pay amount?

Several resources may help your patient to handle cost issues:

• With the MULTAQ Savings Card, patients have a $0 co-pay (up to $150 value per prescription), or get $50 off for cash payments, through the end of the year.* Eligible patients† can get a Savings Card by registering at MULTAQ.com

• If your patient has a limited income, remind him/her to call the Sanofi Patient Connection™. Reimbursement Counselors may investigate a patient’s eligibility for programs such as the Sanofi U.S. Patient Assistance Program or they may have information about alternative patient assistance services through local, state, or national programs

• Use a Medicare Part D Profile Form to determine if your patient is enrolled in the federal low-income subsidy program, which would lower his/her MULTAQ co-pay

*Qualifying patients are eligible for a maximum of 12 benefits per calendar year. Depending on your patient’s out-of-pocket costs, the benefit may vary. Card carries a maximum commercial benefit of $150 per prescription for up to 12 prescriptions (maximum of $1,800) per calendar year. Eligible cash patients will receive $50 off for a maximum of 12 benefits per calendar year. Sanofi US reserves the right to rescind, revoke, or amend this offer without notice. Certain restrictions apply. See details on savings card.

†This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs including any state medical pharmaceutical assistance program. Should your patients begin receiving prescription benefits from any government funded program at any time, they will no longer be able to participate in this program.

Indication

MULTAQ is an antiarrhythmic drug indicated to reduce the risk of hospitalization for atrial fibrillation (AFib) in patients in sinus rhythm with a history of paroxysmal or persistent AFib.

Important Safety Information for MULTAQ® (dronedarone)—Boxed WARNING

WARNING: INCREASED RISK OF DEATH, STROKE AND HEART FAILURE IN PATIENTS WITH DECOMPENSATED HEART FAILURE OR PERMANENT ATRIAL FIBRILLATION

MULTAQ is contraindicated in patients with symptomatic heart failure with recent decompensation requiring hospitalization or NYHA Class IV heart failure. MULTAQ doubles the risk of death in these patients.

MULTAQ is contraindicated in patients in atrial fibrillation (AFib) who will not or cannot be cardioverted into normal sinus rhythm. In patients with permanent AFib, MULTAQ doubles the risk of death, stroke, and hospitalization for heart failure.

Please see additional Important Safety Information on page 3.

Please click here for full Prescribing Information, including boxed WARNING, or visit MULTAQ.com/hcp.
If my patient is not eligible for the MULTAQ Savings Card and cannot afford his/her MULTAQ prescription, where can he/she find assistance?

- Your patient may be eligible for the Sanofi U.S. Patient Assistance Program, which provides medication free of charge for eligible patients
- You or your patient can call the Sanofi Patient Connection™ at 1-888-847-4877 to find out whether he/she qualifies for patient assistance

What if my patient does not have prescription drug coverage?
Sanofi U.S. has resources that may help your patient who has no insurance coverage.

- For patients with no prescription drug insurance, visit the Patient Rx Savings section of this website to learn about the MULTAQ Savings Card
- You or your patient can call the Sanofi Patient Connection™ at 1-888-847-4877 to find out whether he/she qualifies for patient assistance

What if my patient’s health plan does not cover MULTAQ?

- For patients whose health plan does not cover MULTAQ, you can request a medical exception for your patient who is appropriate for MULTAQ therapy. Reimbursement Counselors at the Sanofi Patient Connection™ can help you locate the appropriate forms.
  
  For patients in Medicare Part D plans, a Medicare Part D Coverage Determination Request Form must be completed to request a medical exception

I’m not sure how to request an appeal or obtain a prior authorization (PA) for one of my patients. What should I do?

- You or your patient should call the Sanofi Patient Connection™ at 1-888-847-4877. Reimbursement Counselors may be able to help your eligible patients with appeals, prior authorizations, and other cost and coverage questions
- Or fill out the enrollment form and FAX at 1-888-847-1797 or mail to the Sanofi Patient Connection™. The form can also be obtained by accessing the Provider Portal link on the Sanofi Patient Connection™ website, then look for Quick Links. Detailed instructions are provided on the form

Prior authorization has been approved, but my patient still cannot afford the co-pay. What can I do?

You or your patient should call the Sanofi Patient Connection™ at 1-888-847-4877. Reimbursement Counselors may be able to help your eligible patients with co-pay assistance, or they may refer interested patients to alternative patient assistance services through local, state, or national programs.

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IMPORTANT SAFETY INFORMATION FOR MULTAQ® (dronedarone)

WARNING:
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MULTAQ is contraindicated in patients in atrial fibrillation (AFib) who will not or cannot be cardioverted into normal sinus rhythm. In patients with permanent Afib, MULTAQ doubles the risk of death, stroke, and hospitalization for heart failure.

MULTAQ is also contraindicated in patients:
• With second- or third-degree atioventricular (AV) block or sick sinus syndrome (except when used in conjunction with a functioning pacemaker), bradycardia <50 bpm, QTc Bazett interval ≥500 ms or PR interval >280 ms
• Who are or may become pregnant (Category X) or nursing. MULTAQ may cause fetal harm when administered to a pregnant woman
• With concomitant use of strong CYP 3A inhibitors, such as ketoconazole, itraconazole, voriconazole, cyclosporine, telithromycin, clarithromycin, nefazodone, ritonavir, or drugs or herbal products that prolong the QT interval and might increase the risk of Torsade de Pointes, such as phenothiazine antipsychotics, tricyclic antidepressants, certain oral macrolide antibiotics, and Class I and III antiarrhythmics
• With liver or lung toxicity related to the previous use of amiodarone
• With severe hepatic impairment
• With hypersensitivity to the active substance or to any of the excipients

Cardiovascular Death in NYHA Class IV or Decompensated Heart Failure
MULTAQ is contraindicated in patients with NYHA Class IV heart failure or symptomatic heart failure with recent decompensation requiring hospitalization because it doubles the risk of death.

Cardiovascular Death and Heart Failure in Permanent AFib
MULTAQ doubles the risk of cardiovascular death (largely arrhythmic) and heart failure events in patients with permanent AFib. Patients treated with MULTAQ should undergo monitoring of cardiac rhythm less often than every 3 months. Cardiovert patients who are in AFib (if clinically indicated) or discontinue MULTAQ. MULTAQ offers no benefit in subjects in permanent AFib.

Increased Risk of Stroke in Permanent AFib
In a placebo-controlled study in patients with permanent AFib, dronedarone was associated with an increased risk of stroke, particularly in the first two weeks of therapy. MULTAQ should only be initiated in patients in sinus rhythm who are receiving appropriate antithrombotic therapy.

New Onset or Worsening Heart Failure
New onset or worsening of heart failure has been reported during treatment with MULTAQ in the postmarketing setting. In a placebo-controlled study in patients with permanent AFib, increased rates of heart failure were observed in patients with normal left ventricular function and no history of symptomatic heart failure, as well as those with a history of heart failure or left ventricular dysfunction.

Advise patients to consult a physician if they develop signs or symptoms of heart failure, such as weight gain, dependent edema, or increasing shortness of breath. If heart failure develops or worsens and requires hospitalization, discontinue MULTAQ.

Liver Injury
Hepatocellular liver injury, including acute liver failure requiring transplant, has been reported in patients treated with MULTAQ in the postmarketing setting. Advise patients treated with MULTAQ to report immediately symptoms suggesting hepatic injury (such as anorexia, nausea, vomiting, fever, malaise, fatigue, right upper quadrant pain, jaundice, dark urine, or itching). Consider obtaining periodic hepatic serum enzymes, especially during the first 6 months of treatment. It is not known whether routine periodic monitoring of serum enzymes will prevent the development of severe liver injury. If hepatic injury is suspected, promptly discontinue MULTAQ and test serum enzymes, aspartate aminotransferase (AST), alanine aminotransferase (ALT), and alkaline phosphatase, as well as serum bilirubin, to establish whether there is liver injury. If liver injury is found, institute appropriate treatment and investigate the probable cause. Do not restart MULTAQ in patients without another explanation for the observed liver injury.

Pulmonary Toxicity
Cases of interstitial lung disease including pneumonitis and pulmonary fibrosis have been reported in patients treated with MULTAQ in the post-marketing setting. Onset of dyspnea or non-productive cough may be related to pulmonary toxicity and patients should be carefully evaluated clinically. If pulmonary toxicity is confirmed, MULTAQ should be discontinued.

Hypokalemia and Hypomagnesemia with Potassium-Depleting Diuretics
Hypokalemia and hypomagnesemia may occur with concomitant administration of potassium-depleting diuretics. Potassium levels should be within the normal range prior to administration of MULTAQ and maintained in the normal range during administration of MULTAQ.

QT Interval Prolongation
MULTAQ induces a moderate (average of about 10 ms but much greater effects have been observed) QTc (Bazett) prolongation. If the QTc Bazett interval is ≥500 ms, discontinue MULTAQ.

Renal Impairment and Failure
Marked increase in serum creatinine, pre-renal azotemia and acute renal failure, often in the setting of heart failure or hypovolemia, have been reported in patients taking MULTAQ. In most cases, these effects appear to be reversible upon drug discontinuation and with appropriate medical treatment. Monitor renal function periodically. Small increases in creatinine levels (about 0.1 mg/dL) following MULTAQ treatment initiation have been shown to be a result of inhibition of creatinine’s tubular secretion. The elevation has a rapid onset, reaches a plateau after 7 days and is reversible after discontinuation.

Women of Childbearing Potential
Premenopausal women who have not undergone a hysterectomy or oophorectomy must use effective contraception while using MULTAQ. Dronedarone caused fetal harm in animal studies at doses equivalent to recommended human doses. Counsel women of childbearing potential regarding appropriate contraceptive choices.

Drug-Drug Interactions
Treatment with Class I or III antiarrhythmics or drugs that are strong inhibitors of CYP 3A should be stopped before starting MULTAQ (see Contraindications).

Patients should be instructed to avoid grapefruit juice beverages while taking MULTAQ.

• Calcium channel blockers with depressant effects and beta-blockers could increase the bradycardia effects of MULTAQ on conduction.

• In the ANDROMEDA (patients with recently decompensated heart failure) and PALLAS (patients with permanent AFib) trials, baseline use of digoxin was associated with an increased risk of arrhythmic or sudden death in MULTAQ-treated patients compared to placebo. In patients not taking digoxin, no difference in risk of sudden death was observed in the MULTAQ vs placebo groups.

Digoxin can potentiate the electrophysiologic effects of MULTAQ (such as decreased AV-node conduction). MULTAQ increases exposure to digoxin.

Consider discontinuing digoxin. If digoxin treatment is continued, halve the dose of digoxin, monitor serum levels closely, and observe for toxicity.

Postmarketing cases of increased INR with or without bleeding events have been reported in warfarin-treated patients initiated with MULTAQ. Monitor INR after initiating MULTAQ in patients taking warfarin.

• Statins: Avoid simvastatin doses greater than 10 mg daily. Follow statin label initiating MULTAQ in patients taking warfarin.

For full Prescribing Information, including boxed WARNING, please click here or visit MULTAQ.com/hcp.