

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

MULTAQ
(dronedarone)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

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).

COVERAGE CRITERIA

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

REFERENCES

1. Multaq [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; January 2017.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed April 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed April 2020.
4. Multaq (dronedarone) Drug Safety Communication. <https://www.fda.gov/drugs/drugsafety/ucm283933.htm>. Accessed April 2020.