

# 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; November 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed March 11, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed March 11, 2021.
4. Multaq (dronedarone) Drug Safety Communication. <https://www.fda.gov/drugs/drugsafety/ucm283933.htm>. Accessed March 2021.