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.
- Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed March 23, 2022.
- Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed March 23, 2022.
- 4. Multaq (dronedarone) Drug Safety Communication. Available at: https://www.fda.gov/drugs/drugsafety/ucm283933.htm. Accessed March 23, 2022.

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