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

Duration of Approval (DOA):

- 532-A: DOA: 12 months

REFERENCES

1. Multaq [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; November 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed March 30, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 03/30/2023).
4. Multaq (dronedarone) Drug Safety Communication. Available at: https://www.fda.gov/drugs/drugsafety/ucm283933.htm. Accessed April 3, 2023.