

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

Atrial Fibrillation (AF)

Authorization may be granted when the requested drug is being prescribed to reduce the risk of hospitalization for atrial fibrillation (AF) in a patient with a history of paroxysmal or persistent 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; October 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed April 3, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/03/2024).