

# 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 patient has 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. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed April 2018.
3. Micromedex Healthcare Series [database online]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically. <http://www.thomsonhc.com> [available with subscription]. Accessed April 2018.
4. Multaq (dronedarone) Drug Safety Communication. <https://www.fda.gov/drugs/drugsafety/ucm283933.htm>. Accessed April 2018.