# **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 [available with subscription]. Accessed April 2018.
  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.

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