

# 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).

Multaq PA Policy 532-A UDR 05-2024

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