

Multaq (dronedarone) Drug Use Criteria

Created: March 2022

Reviewed:

Includes:

Multaq dronedarone

GUIDELINE FOR USE:

Initial Request:

1. Is this a request for and FDA approved indication?
 - a. If yes, go to #2
 - b. If no, deny as not meeting criteria. Off-label use of a medication is not a covered benefit under the Oregon Health Plan.
2. Is Multaq being requested by or supervised by a cardiologist?
 - a. If yes, go to #3
 - b. If no, deny as not meeting criteria. Multaq needs to be prescribed and/or monitored by a cardiologist.
3. Does the member meet and of the following exclusionary criteria: A) Symptomatic heart failure with recent decompensation requiring hospitalization; B) NYHA Class IV heart failure; or Permanent atrial fibrillation that will not or cannot be cardioverted into normal sinus rhythm?
 - a. If yes, deny as not meeting criteria. Multaq increases the risk of death, stroke, and/or heart failure in this population.
 - b. If no, go to #4
4. Has the member tried and failed or have a contraindication to amiodarone?
 - a. If yes, approve for up to 12 months.
 - b. If no, deny as not least costly alternative. Request change to amiodarone.

References:

1. Dronedarone: Drug Information. UpToDate. Accessed March 30, 2022