



Interface Prescribing & New Therapies Subgroup



Updated January 2011

Dronedarone (Multaq®▼) in the treatment of Atrial Fibrillation (AF) or atrial flutter

The New Therapies Subgroup discussed the above drug at a meeting on the 24th November 2009 and January 2011. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMM considered the use of dronedarone (Multaq®▼) in rhythm and rate control in patients with atrial fibrillation or atrial flutter, to maintain normal sinus rhythm or to decrease ventricular rate.

The group does not recommend the routine use of dronedarone over older more cost effective therapies. Dronedarone (Multaq®▼) may have a role for specialist initiation in those patients for whom amiodarone is contraindicated or who have developed severe side effects from amiodarone use (e.g. thyroid problems)

The group noted that current data showed that dronedarone is less effective than amiodarone but is thought to have fewer severe side effects.

Dronedarone is not recommended in patients with moderate (requiring hospitalisation) to severe heart failure as dronedarone was shown to significantly increase mortality in these patients in clinical trials. In addition the MHRA have issued a warning of severe liver injury associated with use of dronedarone and Liver Functions Tests (LFTs) are now advised prior to starting and during treatment and on a monthly basis for 6 months and then at 9 and 12 months after initiation and periodically thereafter.

Dronedarone (Multaq®▼) is significantly more expensive than amiodarone and other anti-arrhythmic drugs the majority of which are available generically.

According to set criteria dronedarone was deemed to be a low priority for funding.

Review date: January 2013.

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.