Corlanor (ivabradine)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Corlanor (ivabradine) tablets Corlanor (ivabradine) oral solution ampules	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Corlanor (ivabradine) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual is using for the treatment of New York Heart Association (NYHA) class II, III, or IV heart failure symptoms; **AND**
III. Individual has a left ventricular ejection fraction less than or equal to 35%; **AND**
IV. Individual will be:
    A. Utilizing in combination with a beta-blocker (bisoprolol, carvedilol, metoprolol succinate); **OR**
    B. Has a contraindication or intolerance to beta-blocker therapy; **AND**
V. Individual is in normal sinus rhythm; **AND**
VI. Individual has a resting heart rate greater than or equal to 70 beats per minute;

OR

VII. Individual is less than 18 years of age; **AND**
VIII. Individual is using for the treatment of New York Heart Association (NYHA) class II, III, or IV heart failure symptoms due to dilated cardiomyopathy; **AND**
IX. Individual has a left ventricular ejection fraction less than or equal to 45%; **AND**
X. Individual is in normal sinus rhythm; **AND**
XI. Individual has an elevated resting heart rate.

Continuation requests for Corlanor (ivabradine) may be approved if the following criteria are met:

I. There is confirmation of clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to improvement in heart failure symptoms, reduction in heart failure related physical limitations, reduction in hospitalization); **AND**
II. If individual is over 18 years of age, individual continues to use Corlanor (ivabradine) in combination with beta-blocker (bisoprolol, carvedilol, metoprolol succinate) therapy unless contraindicated or not tolerated.

Requests for **brand** Corlanor tablets must also meet the following criteria, in addition to the above Prior Authorization criteria:

I. Documentation is provided that individual has failed an adequate trial of one chemically equivalent generic ivabradine agent. Medication samples/coupons/discount cards are excluded from consideration as a trial.; **AND**
   A. Generic ivabradine had inadequate response; **OR**
   B. Generic ivabradine caused adverse outcome; **OR**
   C. The individual has a genuine allergic reaction to an inactive ingredient in generic agent. Allergic reaction(s) must be clearly documented in the individual's medical record.

Corlanor (ivabradine) may not be approved for any of the following:

I. Individual's heart rate is maintained exclusively by a pacemaker; **OR**
II. Individual has clinically significant hypotension; **OR**
III. Individual has severe hepatic impairment (Child-Pugh class C).

Key References:

1. Bonnet D, Berger F, Jokinen E, et. al. Ivabradine in children with dilated cardiomyopathy and symptomatic chronic heart failure. J Am Coll Cardiol. 2017;70(10):1262-1272.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: April 8, 2024.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Heidenreich P, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. J Am Coll Cardiol. 2022 May;79(17):e263–e421.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
6. Swedberg K, Komajda M, Bohm M, et al. Ivabradine and outcomes in chronic heart failure (SHIFT): a randomized placebo-controlled study. Lancet. 2010;376:875-885.