

Generic Name: Ivabradine

Therapeutic Class or Brand Name: Corlanor[®]

Applicable Drugs (if Therapeutic Class): Click or tap here to enter text.

GPI Code: 470003510

Preferred: N/A

Non-preferred: N/A

Date of Origin: 4/28/2021

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I - II are met)

- I. Documented diagnosis of one of the following conditions and must meet ALL criteria under each applicable diagnosis:
 - A. Symptomatic chronic heart failure of NYHA (New York Heart Association) Class II-III with reduced ejection fraction with the following criteria:
 1. Left ventricular ejection fraction less than 35%.
 2. Patient is in sinus rhythm with resting HR \geq 70 bpm.
 3. Receiving a stable dose (\geq 4 weeks) of a beta-blocker (after titration to maximally target dose as recommended by clinical practice guidelines), or documentation of a clinically significant intolerance or contraindication to beta blocker use.
 4. Age \geq 18 years old.
 - B. Stable symptomatic heart failure due to dilated cardiomyopathy in pediatric patients ages 6 months and older.
- II. Prescribed by or in consultation with a cardiologist.

EXCLUSION CRITERIA

- Acute decompensated heart failure
- Clinically significant hypotension.
- Sick sinus syndrome, sinoatrial block or 3rd degree AV block, unless a functioning demand pacemaker is present.
- Clinically significant bradycardia.
- Severe hepatic impairment.
- Heart rate maintained exclusively by the pacemaker.
- Contraindication In combination with strong cytochrome CYP3A4 inhibitors
- Pregnancy

OTHER CRITERIA

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Corlanor[®] 5mg/7.5 mg tablets: Quantities of up to 60 tablets per 30 days.
- Corlanor[®] 5mg/ml: Quantities up to 30 day supply

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Corlanor[®] (Ivabradine) [package insert]. Thousand Oaks, CA, Amgen.; April 2019. Available at: https://www.pi.amgen.com/~media/amgen/repositorysites/pi-amgen-com/corlanor/corlanor_pi_hcp.pdf
2. Medispan.
3. Swedberg K, Komajda M, Böhm M, et al. Ivabradine and outcomes in chronic heart failure (SHIFT): a randomised placebo-controlled study. *Lancet*. 2010;376(9744):875-885.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.