

PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)	CORLANOR (ivabradine)
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Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Corlanor (ivabradine) is a hyperpolarization-activated cyclic nucleotide-gated channel blocker indicated to reduce the risk of hospitalization for worsening heart failure in patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction $\leq 35\%$, who are in sinus rhythm with resting heart rate ≥ 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.

COVERAGE CRITERIA

Corlanor will be covered with prior authorization when the following criteria are met:

- The patient has all of the following: A) Stable, symptomatic chronic heart failure, B) Left ventricular ejection fraction less than or equal to 35 percent, C) Sinus rhythm with resting heart rate greater than or equal to 70 beats per minute, D) Using maximally tolerated doses of beta-blockers or has a contraindication to beta-blocker use
AND
- The patient does not have any of the following: A) Blood pressure less than 90/50 mmHg, B) Sick sinus syndrome, sinoatrial block, or 3rd degree AV block, unless a functioning demand pacemaker is present, C) Severe hepatic impairment, D) Pacemaker dependence (heart rate maintained exclusively by the pacemaker)

REFERENCES

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5. McMurray JJ, Adamopoulos S, Anker SD, et al. ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012: The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology. Developed in collaboration with the Heart Failure Association (HFA) of the ESC. *Eur Heart J* 2012; 33:1787.
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