

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Corlanor (ivabradine)

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

Medications	Quantity Limit
Corlanor (ivabradine)	May be subject to quantity limit

APPROVAL CRITERIA

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 utilizing in combination with a beta-blocker OR has a contraindication or intolerance to beta-blocker therapy; **AND**
- V. Individual is in normal sinus rhythm; **AND**
- VI. If initiating treatment with Corlanor (ivabradine), 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. If initiating treatment with Corlanor, individual has an elevated resting heart rate.

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).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

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 24, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. 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.
6. Yancy CW, Jessup M, Bozkurt B, et. al. 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure. *Journal of the American College of Cardiology.* 2017;70(6):776-803. Available at: <http://www.onlinejacc.org/content/70/6/776>. Accessed: April 3, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.