



Manual Prior Authorization

CORLANOR (ivabradine hydrochloride) PA Criteria

FDA Indication: 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 (bpm) and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.

Answers for 1-6 should be “Yes”

1. Yes No --Is the patient ≥ 18 years of age?
2. Yes No --Does the patient have a diagnosis of NYHA Class II, III, or IV systolic heart failure?
3. Yes No ---Is there documentation of left ejection fraction $\leq 35\%$ and documentation of blood pressure $\geq 90/50$ mmHg?
4. Yes No -Is the patient in sinus rhythm with resting heart rate ≥ 70 beats per minute (bpm)?
5. Yes No – Is the patient either on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use?
6. Yes No – Is there documentation failure of 2 different preferred agents in the past 6 months?

Contraindications:

- Acute decompensated heart failure
- Blood pressure $\leq 90/50$ mmHg
- Sick sinus syndrome, sinoatrial block, or 3rd degree AV block, unless a functioning demand pacemaker is present
- Resting heart rate ≤ 60 bpm prior to treatment
- Severe hepatic impairment
- Pacemaker dependence (heart rate maintained exclusively by the pacemaker)
- Concomitant use of strong cytochrome P450 3A4 (CYP3A4)

Dosage and Administration:

- Starting dose is 5 mg twice daily with meals. After 2 weeks of treatment, adjust dose based on resting heart rate and tolerability. The maximum dose is 7.5 mg twice daily.
- In patients with conduction defects or in whom bradycardia could lead to hemodynamic compromise, initiate dosing at 2.5 mg twice daily.