Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

CORLANOR® (*ivabradine hydrochloride*) PA Criteria
Corlanor is a hyperpolarization-activated cyclic nucleotide-gated channel blocker.

FDA Indication:

1. To reduce the risk of hospitalization for worsening heart failure in adult patients with stable, symptomatic chronic heart failure with reduced left ventricle ejection fraction ≤ 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.
2. Treatment of stable symptomatic heart failure due to dilated cardiomyopathy (DCM) in pediatric patients ages 6 months and older, who are in sinus rhythm with an elevated heart rate.

Diagnoses:

ICD-10 code(s):_____

New York Heart Association (NYHA) Class, as applicable: _____

Initial authorization: 1 year

Requests for Corlanor may be approved based on ALL of the following criteria:

1. Patients with stable, symptomatic chronic heart failure with reduced left ventricle ejection fraction:

☐ Yes ☐ No Age of patient is within the age range as recommended by the FDA label

AND

☐ Yes ☐ No Prescribed by or in consultation with a cardiologist

AND

☐ Yes ☐ No Documentation of left ejection fraction ≤ 35%

AND

☐ Yes ☐ No Sinus rhythm with resting heart rate ≥70 beats per minute (bpm)

AND

☐ Yes ☐ No Has none of the listed contraindications

AND

ONE OF THE FOLLOWING:

☐ Yes ☐ No On maximally tolerated doses of a preferred beta-blocker (e.g. bisoprolol, carvedilol, metoprolol)

- The only B-blockers which have been shown to be effective in reducing mortality are bisoprolol, carvedilol, and metoprolol succinate in CHF

OR

☐ Yes ☐ No There is a history of documented intolerance, FDA labeled contraindication, or hypersensitivity to a beta blocker (e. g. bisoprolol, carvedilol, metoprolol)

2. <u>Pediatric patients with stable symptomatic heart failure due to dilated cardiomyopathy (DCM) who are in sinus rhythm with an elevated heart rate:</u>

☐ Yes ☐ No Age of patient is within age range as recommended by FDA label

AND

☐ Yes ☐ No Prescribed by or in consultation with a cardiologist

AND

☐ Yes ☐ No Has none of the contraindications cited per package insert

☐ Yes ☐ No Patients weight is appropriate for oral solution (weight < 40kg) or tablets (weight ≥ 40kg)

<u>Reauthorization: 1 year</u>

Corlanor will be approved based on the following criteria:

☐ Yes ☐ No Continued to meet initial authorization criteria

☐ Yes ☐ No Documentation of positive clinical response to therapy

Dose: Do not exceed 7.5 mg twice daily