Prior Authorization Criteria

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

☐ 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)

**Reauthorization: 1 year**

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