MEDICATION POLICY:
Corlanor®

Generic Name: Ivabradine

Therapeutic Class or Brand Name: Corlanor

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 4/28/2021

Date Last Reviewed / Revised: 9/22/2023

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

I. Documented diagnosis of one of the following conditions and must meet ALL criteria under each applicable diagnosis:
   A. Symptomatic chronic heart failure with NYHA (New York Heart Association) Class II or III
      1. Documented left ventricular ejection fraction less than 35%.
      2. Documentation that the patient is in sinus rhythm with a resting heart rate of at least 70 beats per minute.
      3. Documentation that the patient is on a beta-blocker at the maximally tolerated dose for at least 4 weeks OR documentation of a clinically significant intolerance or contraindication to beta-blocker use.
      4. Minimum age requirement: 18 years old.
   B. Stable symptomatic heart failure due to dilated cardiomyopathy
      1. Minimum age requirement: 6 months old.
      2. Resting heart rate of ≥105 bpm for age 6-12 months, ≥ 95bpm for age 1-3 years, ≥ 75 bpm for age 3-5 years, and ≥ 70 bpm for age 5-18 years
      3. Maximum dose of 0.2 mg/kg twice daily for patients aged 6-12 months, or 0.3 mg/kg for patients 1 year old and older, up to total of 7.5mg twice daily.

II. Treatment must be prescribed by or in consultation with a cardiologist.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Acute decompensated heart failure
- Clinically significant hypotension

- Sick sinus syndrome, sinoatrial block, or 3rd-degree AV block, unless a functioning demand pacemaker is present.
- Clinically significant bradycardia
- Severe hepatic impairment (Child-Pugh C)
- Heart rate maintained exclusively by a pacemaker (pacemaker dependence)
- Concurrent use of strong cytochrome CYP3A4 inhibitors
- Pregnancy

OTHER CRITERIA

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Corlanor tablets: Quantities of up to 60 tablets per 30 days.
- Corlanor oral solution: Quantities up to 30-day supply

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Corlanor. Prescribing information. Amgen; 2021. Accessed August 21, 2023. https://www.pi.amgen.com/~/media/amgen/repositorysites/pi-amgen-com/corlanor/corlanor_pi_hcp.pdf
2. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines [published correction appears in *Circulation*. 2022 May 3;145(18):e1033] [published correction appears in Circulation. 2022 Sep 27;146(13):e185]. *Circulation*. 2022;145(18):e895-e1032. doi:10.1161/CIR.0000000000001063