

### Clinical Pharmacy Program Guidelines for Corlanor

Program	Prior Authorization
Medication	Corlanor® (ivabradine)
Issue Date	9/2015
Pharmacy and Therapeutics Approval Date	11/2017
Effective Date	1/2018

**1. Background:**

Corlanor (ivabradine) is a hyperpolarization-activated cycle nucleotide-gated channel blocker indicated to reduce the risk of hospitalization for worsening of heart failure in patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction  $\leq 35\%$ , who are in sinus rhythm with resting heart rate  $\geq 70$  beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.

**2. Coverage Criteria:**

<p><b>A. <u>Symptomatic Chronic Heart Failure</u></b></p> <p><b>1. <u>Initial Therapy</u></b></p> <p>a. <b>Corlanor</b> will be approved based on <b>all</b> of the following criteria:</p> <p>(1) Worsening heart failure in a diagnosis of stable, symptomatic chronic (e.g. New York Heart Association (NYHA) class II, III or IV) heart failure</p> <p style="text-align: center;"><b>-AND-</b></p> <p>(2) Patient has a left ventricular ejection fraction (EF) <math>\leq 35\%</math></p> <p style="text-align: center;"><b>-AND-</b></p> <p>(3) The patient is in sinus rhythm</p> <p style="text-align: center;"><b>-AND-</b></p>
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(4) Patient has a resting heart rate  $\geq 70$  beats per minute

**-AND-**

(5) **One** of the following:

(a) Patient is on maximum tolerated doses of beta blockers (e.g., carvedilol, metoprolol succinate, bisoprolol)

**-OR-**

(b) Patient has a contraindication or intolerance to beta-blocker therapy

**Authorization will be issued for 12 months**

**B. Reauthorization**

1. **Corlanor** will be approved based on the following criterion:

a. Documentation of positive clinical response to Corlanor therapy

**Authorization will be issued for 12 months.**

**3. References:**

1. Corlanor Prescribing Information. Amgen Inc. Thousand Oaks, CA. January 2017.
2. Fox, K, Ford, I, Steg, PG, Tendera, M, Ferrari, R. Ivabradine for patients with stable coronary artery disease and left-ventricular systolic dysfunction (BEAUTIFUL): a randomised, double-blind, placebo-controlled trial. Lancet. 2008;372:807-16. PMID: 18757088.
3. Swedberg, K, Komajda, M, Bohm, M, et al. Ivabradine and outcomes in chronic heart failure (SHIFT): a randomised placebo-controlled study. Lancet. 2010;376:875-85. PMID: 20801500.
4. Yancy, CW, Jessup, M, Bozkurt, B, et al. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. United States, 2013. p. e240-327.
5. Colucci, W. Overview of the therapy of heart failure due to systolic dysfunction In: UpToDate, Gottlieb, SS (Ed). UpToDate, Waltham, MA, 2015.

Program	Prior Authorization - Corlanor® (ivabradine)
<b>Change Control</b>	
Date	Change
9/2015	New policy; new FDA-approved drug
9/2016	Updated policy template and removed prescriber check to align with Employer and Individual's policy
11/2017	Annual review. Updated references.