



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Corlanor®
(ivabradine)**

Prior Authorization Request Form

Corlanor is a hyperpolarization-activated cyclic nucleotide-gated (HCN) channel blocker, which affects heart rate. It is indicated to reduce the risk of hospitalization for worsening 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 ≥ 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.

Criteria for Approval

- 1) Individual is 18 years or older; **AND**
- 2) Individual is using for the treatment of New York Heart Association (NYHA) class II, III, or IV heart failure symptoms; **AND**
- 3) Individual has a left ventricular ejection fraction less than or equal to 35%; **AND**
- 4) Individual will be utilizing in combination with a beta-blocker OR has a contraindication or intolerance to beta-blocker therapy; **AND**
- 5) Individual is in normal sinus rhythm; **AND**
- 6) If initiating treatment with Corlanor, individual has a resting heart rate greater than or equal to 70 beats per minute.

Criteria for Denial

Corlanor (ivabradine) may not be approved for any of the following:

- 1) Individual's heart rate is maintained exclusively by a pacemaker; **OR**
- 2) Individual has severe hypotension (blood pressure less than 90/50)

References

- 1) Corlanor package insert revised 4/2015
- 2) Lexi-Comp Clinical Application 07/17/2015