ALASKA MEDICAID
Prior Authorization Criteria

Corlanor® (ivabradine)

FDA INDICATIONS AND USAGE[1]

Corlanor® is indicated to reduce the risk of hospitalization for worsening heart failure in adult patients with stable, symptomatic chronic heart failure with left ventricular 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. Corlanor® is also indicated for the treatment of stable symptomatic heart failure due to dilated cardiomyopathy (DCM) in pediatric patients aged 6 months and older, who are in sinus rhythm with an elevated heart rate.

APPROVAL CRITERIA[1,2]

1. Patient has a worsening heart failure diagnosis of stable, symptomatic heart failure **AND;**
2. Medication is being prescribed by or in consultation with a cardiologist **AND;**
3. If the patient is 18 years of age or older, all the following criteria must be met:
    a. Patient has a left ejection fraction ≤35 % **AND;**
    b. Patient is in normal sinus rhythm **AND;**
    c. Patient's heart rate is ≥ 70 beats per minute **AND;**
    d. Patient has tried and failed or has a contraindication to beta blockers at maximally tolerated dose.
4. If the patient is 6 months to 17 years of age, all the following criteria must be met:
    a. Patient has stable symptomatic heart failure due to dilated cardiomyopathy **AND;**
    b. Patient is in normal sinus rhythm with an elevated heart rate.

DENIAL CRITERIA[1,2]

1. Patient has clinically significant hypotension **OR;**
2. Patient has sick sinus syndrome, sino-atrial block, or third degree atrioventricular block, unless a functioning demand pacemaker is present **OR;**
3. Demand pacemakers set to rates ≥ 60 beats per minute **OR**;
4. Severe hepatic impairment **OR;**
5. Acute decompensated heart failure.

CAUTIONS[1]

- Females should use effective contraception due to fetal toxicity.
- Patients should be monitored for atrial fibrillation.
- Not recommended in patients with second degree AV block.
- Heart rate should be monitored throughout therapy.

DURATION OF APPROVAL

- Approval: Up to 3 months
- Reauthorization: Up to 12 months

QUANTITY LIMITS

- 60 – 5mg tablets
- 60 - 7.5mg tablets
- 450ml – 5mg/5ml oral solution

REFERENCES / FOOTNOTES:

1. Corlanor [Package Insert]. Thousand Oaks, CA. Amgen Inc.; 2019. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/209964lbl.pdf Accessed: September 17, 2019.
2. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey Jr DE, Colvin MM, Drazner MH, Filippatos G, Fonarow GC, Givertz MM, Hollenberg SM, Lindenfeld J, Masoudi FA, McBride PE, Peterson PN, Stevenson LW, Westlake C, 2016 ACC/AHA/HFSAFocused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure, Journal of the American College of Cardiology (2016), doi: 10.1016/j.jacc.2016.05.011.