UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1178-4
Program	Prior Authorization/Notification
Medication	Corlanor® (ivabradine)
P&T Approval Date	2/2016, 9/2016, 11/2017, 11/2018
Effective Date	2/1/2019; Oxford only: 2/1/2019

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 ≤ 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. Coverage Criteria:

A. **Symptomatic Chronic Heart Failure**

1. **Initial Therapy**

a. **Corlanor** will be approved based on **all** of the following criteria:

(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.

-AND-

(2) Patient has a left ventricular ejection fraction (EF) ≤ 35%.

-AND-

(3) The patient is in sinus rhythm.

-AND-

(4) Patient has a resting heart rate ≥ 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. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply Limits may be in place.

4. 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, 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/HFSA Focused 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.
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/Medical Necessity – Corlanor® (ivabradine)
Change Control	
2/2016	New program.
9/2016	Updated heart rate from greater than 70 bpm to greater than or equal to 70 bpm
11/2017	Annual review. No changes.
11/2018	Annual review. Updated references.