

UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2023 P 1178-9
Program	Prior Authorization/Notification
Medication	Corlanor® (ivabradine)
P&T Approval Date	2/2016, 9/2016, 11/2017, 11/2018, 11/2019, 11/2020, 11/2021, 1/2023,
	8/2023
Effective Date	11/1/2023

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 ≥ 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use. It is also indicated to treat 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. Also, although not an FDA-approved indication, Corlanor has also shown to have efficacy in treating inappropriate sinus tachycardia (IST).

2. Coverage Criteria:

A. Symptomatic Chronic Heart Failure

1. Initial Therapy

a. Corlanor will be approved based on <u>one</u> of the following criteria:

(1) <u>All of the following:</u>

(a) 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-

(b) Patient has a left ventricular ejection fraction (EF) $\leq 35\%$

-AND-

(c) The patient is in sinus rhythm

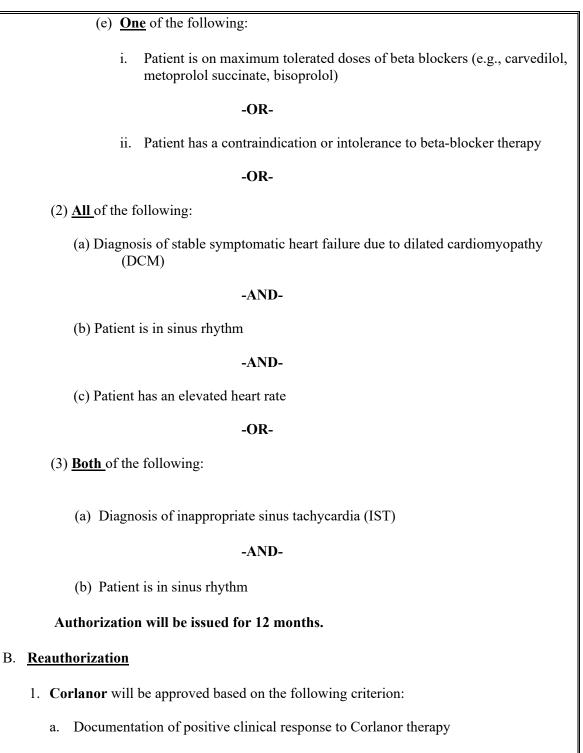
-AND-

(d) Patient has a resting heart rate \geq 70 beats per minute

-AND-

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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.
- Prior Authorization/Medical Necessity may be in place

4. References:

- 1. Corlanor [Package Insert] Thousand Oaks, CA: Amgen Inc.; August 2021
- Sheldon, R.S., Grubb, B.P., et al. 2015 Heart Rhythm Society Expert Consensus Statement on the Diagnosis and Treatment of Postural Tachycardia Syndrome, Inappropriate Sinus Tachycardia, and Vasovagal Syncope. Heart Rhythm, 2015, 12(6), e41-e63.

Program	Prior Authorization/Notification - 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.	
11/2019	Added criteria for new pediatric indication. Updated references.	
11/2020	Annual review. Updated references.	
11/2021	Annual review. Updated references.	
1/2023	No changes.	
8/2023	Updated background and added criteria for use in inappropriate sinus tachycardia.	