Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 27, 2020 January 24, 2024

CORLANOR® (ivabradine)

LENGTH OF AUTHORIZATION: One year

REVIEW CRITERIA:

Adults:

- Patient must have a diagnosis of stable, symptomatic chronic heart failure (e.g. NYHA Class II, III, or IV heart failure); **AND**
- Documentation of left ventricular ejection fraction less than or equal to 35%; **AND**
- Patient must be in sinus rhythm with a resting heart rate greater than or equal to 70 beats per minute; **AND**
- Documentation of blood pressure greater than or equal to 90/50 mmHg; **AND**
- Documentation of previous treatment, intolerance, or contraindication to maximally tolerated doses of at least one beta-blocker (e.g., carvedilol, metoprolol, or bisoprolol).

Pediatric Patients (6 months to less than 18 years of age):

- Patient is 6 months of age or older; **AND**
- Patient has the diagnosis of stable symptomatic heart failure due to dilated cardiomyopathy; **AND**
- Patient is in sinus rhythm with an elevated heart rate.

CONTINUATION OF THERAPY:

- Patient must continue to meet the above initial criteria; **AND**
- Patient must continue to tolerate therapy; **AND**
- Patient must continue to respond to therapy (e.g. resting heart rate between 50-60 beats per minute); **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Available as 5 mg and 7.5 mg tablet and 5 mg/5 mL (1 mg/mL) oral solution.
- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/