

Ivabradine (Corlanor®)

Goals:

- Restrict use of ivabradine to populations in which the drug has demonstrated efficacy.
- Encourage use of ACE-inhibitors or angiotensin II receptor blockers (ARBs) with demonstrated evidence of mortality reduction in heart failure with reduced ejection fraction.
- Encourage use of with demonstrated evidence of mortality reduction in heart failure with reduced ejection fraction.

Length of Authorization:

- 6 to 12 months

Requires PA:

Ivabradine (Corlanor®)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. Is this a request for continuation of therapy previously approved by the FFS program (patient already on ivabradine)?	Yes: Go to Renewal Criteria	No: Go to #2
2. What diagnosis is being treated?	Record ICD10 code.	
3. Does the patient have current documentation of New York Heart Association Class II or III heart failure with reduced ejection fraction less than or equal to 35% (LVEF ≤ 35%)?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4. Is the patient in normal sinus rhythm with a resting heart rate of 70 beats per minute or greater (≥70 BPM)?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness
5. Has the patient had a previous hospitalization for heart failure in the past 12 months?	Yes: Go to #6	No: Pass to RPh. Deny; medical appropriateness.

Approval Criteria

<p>6. Is the patient currently on a maximally tolerated dose of carvedilol, sustained-release metoprolol succinate, or bisoprolol; and if not, is there a documented intolerance or contraindication to each of these beta-blockers?</p> <p><i>Note: the above listed beta-blockers have evidence for mortality reduction in chronic heart failure at these target doses and are recommended by national and international heart failure guidelines.^{1,2} Carvedilol and metoprolol succinate are preferred agents on the PDL.</i></p>	<p>Yes: Go to #7</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>7. Is the patient currently on a maximally tolerated dose of an ACE-inhibitor or an ARB; and if not, is there a documented intolerance or contraindication to both ACE-inhibitors and ARBs?</p>	<p>Yes: Go to # 8</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>8. Is the patient currently on an aldosterone antagonist; and if not, is there a documented intolerance or contraindication to therapy (CrCl < 30 ml/min or potassium ≥ 5.0 mEq/L)?</p> <p><i>Note: Aldosterone receptor antagonists (spironolactone or eplerenone) are recommended in patients with NYHA class II–IV HF and who have LVEF of 35% or less, unless contraindicated, to reduce morbidity and mortality. Patients with NYHA class II HF should have a history of prior hospitalization or elevated plasma natriuretic peptide levels to be considered for aldosterone receptor antagonists.</i></p>	<p>Yes: Approve for up to 6 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>

Renewal Criteria

<p>1. Is the patient in normal sinus rhythm with no documented history of atrial fibrillation since ivabradine was initiated?</p>	<p>Yes: Approve for up to 12 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
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References:

1. Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol.* 2013;62(16):e147-239. doi: 10.1016/j.jacc.2013.05.019.
2. McMurray J, Adamopoulos S, Anker S, et al. ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012. *Eur J Heart Fail.* 2012;14:803-869. doi:10.1093/eurjhf/hfs105.

P&T / DUR Review: 11/15 (AG)
 Implementation: 8/16, 1/1/16