## **Ivabradine**



**Included Products:** Corlanor (ivabradine)

Created: 06/25/2015 Revised: 05/13/2021 Reviewed: 05/12/2022 Updated: 08/01/2022

All Diagnoses			
Initial Criteria		If yes	If no
1.	Is the prescriber a cardiologist?	Continue to #2.	Do not approve.
2.	Is the member less than 18 years of age with a diagnosis of dilated cardiomyopathy?	Continue to #7.	Continue to #3.
3.	Does the member have a diagnosis of stable, symptomatic chronic heart failure?	Continue to #4.	Do not approve.
4.	Is the patient's ejection fraction less than or equal to 35%?	Continue to #5.	Do not approve.
5.	Is the member's resting heart rate at least 70 beats per minute?	Continue to #6	Do not approve.
6.	Is the member on maximum tolerated doses of ALL of the following classes (formulary options of evidence supported medications and max doses shown)?	Continue to #7.	Do not approve.
	a. Beta-Blocker [metoprolol succinate (200mg/day), carvedilol (25mg twice daily)]		
	b. ACE-i/ARB/ARNi [captopril (50mg three times daily), enalapril (10mg twice daily), lisinopril (20-40mg/day), ramipril (5mg twice daily), losartan (150mg/day)]		
	c. Mineralocorticoid receptor antagonist [spironolactone (25 mg/day)]		
7.	Is the request for oral solution?	Continue to #8.	Continue to #9.
8.	Is the member physically unable to take solid dosage forms?	Continue to #9.	Do not approve and offer tablets.
9.	Approve for lifetime.		