

## ivabradine (CORLANOR)

### Diagnosis Considered for Coverage:

- Reduce hospitalization in patients with severe (cardiac ejection fraction  $\leq$  35%) chronic heart failure (CHF)
- Stable symptomatic heart failure due to dilated cardiomyopathy in pediatric patients 6 months or older
- Inappropriate sinus tachycardia (IST) – *offlabel support in Consensus Guidelines*
- Postural tachycardia syndrome (POTS) – *offlabel support in Consensus Guidelines*

### Coverage Criteria:

#### For diagnosis of chronic heart failure:

##### For patients at least 18 years old

- Being used in patients with left heart ventricular ejection fraction  $\leq$  35%, **and**
- Being used in patients in sinus rhythm with resting heart rate  $\geq$  70 beats per minute, **and**
- Dose does not exceed FDA label maximum, **and**
- Patient is currently taking guideline supported therapies including:
  - Renin-angiotensin inhibitor (e.g. ACE-Inhibitor, ARB agent, or Entresto) unless contraindicated, **and**
  - Beta-blocker (e.g. bisoprolol, carvedilol, or metoprolol succinate) unless contraindicated.

##### For patients less than 18 years old

- Being used for symptomatic heart failure due to dilated cardiomyopathy, **and**
- Dose does not exceed FDA label maximum.

### Coverage Duration: one year

Effective Date: 11/02/2023