Ivabradine (Corlanor) PA Criteria

1. Is the patient being treated for an OHP funded condition?
   a. If Yes, go to question #2
   b. If No, Review documentation for relevant comorbid conditions that are funded by OHP. If there are relevant comorbid conditions, move to question #2. If there are no relevant comorbid conditions, Cat 1 denial.
   Cat 1: Not a covered benefit. Provider submitted diagnosis code is not for an OHP funded condition. No relevant comorbid conditions found in the provider submitted documentation.
2. Is patient currently under the care of a cardiologist?
   a. If Yes, go to question #3
   b. If No, forward to Medical Director to assess for medical appropriateness (Possible Cat 5 denial)

3. Does the patient have a diagnosis of NY Heart Association Class II or III heart failure AND reduced ejection fraction (<40%)?
   a. If Yes, go to question #4
   b. If No, Cat 3 denial
   Cat 3: Not a covered benefit. Corlanor is only FDA approved for patients with current documentation of NY Heart Association Class II or III heart failure AND reduced ejection fraction (<40%).

4. Is member in normal sinus rhythm with resting heart rate of 70 beats per minute or greater?
   a. If Yes, go to question #5
   b. If No, forward to Medical Director to assess for medical appropriateness (Possible Cat 5 denial)

5. Is member currently on maximally tolerated dose of cavedilol, metoprolol succinate (ER), or bisoprolol or is there documented intolerance or contraindication to each?
   Beta blockers with evidence of mortality reducation in heart failure patients at target doses:
   Bisoprolol 10 mg daily
   Metoprolol Succinate (XL) – 200 mg daily
   Carvedilol – 25-50 mg twice daily
   a. If Yes, go to question #6
   b. If No, forward to Medical Director to assess for medical appropriateness (Possible Cat 5 denial)

6. Review Med access claims, does member show 80% or greater compliance with cardiac medications?
    a. Yes, go to question #7
    b. No, Forward to medical director for medical appropriateness denial (Category 5)

7. Does member have contraindications to medication (i.e. acute decompensated heart failure, blood pressure <90/50mmHg, sick sinus syndrome, sinoatrial block, 3rd degree AV block (unless stable with pacemaker), severe hepatic impairment, use of strong CYP3A4 inhibitors (Clarithromycin, Ketoconazole))?
    a. If Yes, forward to Medical Director to assess for medical appropriateness (Possible Cat 5 denial)
    b. If No, go to question #8

8. Is member currently on maximally tolerated dose of ACE inhibitor or ARB or is there a documented intolerance or contraindication to each?

ACE Inhibitor	ARB
Captopril 50 mg TID	Candesarten 32 mg daily
Enalapril 10-20 mg BID	Valsarten 160 mg BID
Lisinopril 20-35 mg daily	Losarten 150 mg daily
Ramipril 5 mg BID	
Trandolapril 4 mg daily	

    a. If Yes, Approve for up to 6 months
    b. If No, Forward to Medical Director for medical appropriateness (Possible Cat 5 denial)

Renewal Criteria

1. Is patient in normal sinus rhythm with no documented history of atrial fibrillation since treatment initiated?
    a. If Yes, Approve for 6 months
    b. If No, Forward to Medical Director to assess for medical appropriateness (Possible Cat 5 denial).