

POLICY NAME	Corlanor (ivabradine)	POLICY #	2350P
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Criteria

Coverage Criteria for Heart Failure

- ☐ 1.1 Diagnosis of persistent heart failure (NYHA class II-III) with left ventricular ejection fraction $\leq 35\%$, who are in sinus rhythm with resting heart rate ≥ 70 beats per minute
- ☐ 1.2 Prescribed by a cardiologist (heart doctor)
- ☐ 1.3 Documented failure, intolerance, or contraindication to a beta blocker, such as atenolol or metoprolol,
- ☐ 1.4 Documented failure, intolerance, or contraindication to an angiotensin converting enzyme inhibitor (ACE-I, such as lisinopril or enalapril), OR an angiotensin II receptor blocker (ARB, such as losartan or candesartan)

Coverage Criteria for Inappropriate Sinus Tachycardia

- ☐ 2.1 Prescribed by an electrophysiologist (doctor specializing in electrical activity of the heart)