KENTUCKY MEDICAID
PRIOR AUTHORIZATION GUIDELINES

ANTI-ANGINAL AND ANTI-ISCHEMIC AGENTS - CORLANOR (KY MEDICAID)

Generic	Brand	HICL	GCN	Exception/Other
IVABRADINE	CORLANOR	33396		

Preferred Agents	Non-Preferred Agents
ranolazine ER	Corlanor
	Ranexa

GUIDELINES FOR USE

1. Does the patient have a diagnosis of symptomatic chronic heart failure?

   If yes, continue to #2.
   If no, do not approve. See denial text at the end.

2. Is there documentation (e.g., progress note) of Left Ventricular Ejection Fraction (LVEF) ≤ 35%?

   If yes, continue to #3.
   If no, do not approve. See denial text at the end.

3. Is there documentation of resting heart rate ≥ 70 beats per minute (bpm)?

   If yes, continue to #4.
   If no, do not approve. See denial text at the end.

4. Will Corlanor be used in combination with maximally tolerated doses of a beta blocker (e.g., bisoprolol, carvedilol, or metoprolol succinate)?

   If yes, **approve by HICL for 1 year with Override Restriction = Yes.**
   If no, continue to #5.

5. Is there documentation (e.g., progress note) of clinical rationale preventing use of a beta-blocker?

   If yes, **approve by HICL for 1 year with Override Restriction = Yes.**
   If no, do not approve. See denial text at the end.

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ANTI-ANGINAL AND ANTI-ISCHEMIC AGENTS - CORLANOR (KY MEDICAID)

GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: Our guideline named **ANTI-ANGINAL AND ANTI-ISCHEMIC AGENTS** requires the following rule(s) be met for approval:

A. The member has chronic [long-term] heart failure [a type of heart condition] and is showing symptoms
B. The member has documentation (such as progress note) of left ventricular ejection fraction (LVEF) [heart function] less than or equal to 35%
C. The member has documentation of a resting heart rate greater than or equal to 70 beats per minute (bpm)
D. The member meets **ONE** of the following:
    1. Corlanor will be used in combination with maximally tolerated doses of a beta blocker (such as bisoprolol, carvedilol, or metoprolol succinate)
    2. The member has documentation (such as progress note) of clinical reason preventing use of a beta-blocker (such as bisoprolol, carvedilol, or metoprolol succinate)

REFERENCES

Kentucky Medicaid Single PDL Prior Authorization (PA) Criteria. Available at: https://kyportal.magellanmedicaid.com/provider/public/home.xhtml

Created: 03/21
Effective: 04/14/23 Client Approval: N/A P&T Approval: N/A

Step to Self HICL

v3 03/28/2023 Kimberly Sousa – review against MMA and standardized

v2 02/04/2022 Kimberly Baugh – Guideline Separation and Step to Self Review

v1 07/01/2021 Document Creation