## Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Ivabradine (Corlanor)

<u>Initiation (new start) criteria</u>: Non-formulary **ivabradine (Corlanor)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by or in consultation with a cardiologist
- Documented heart failure diagnosis on the Problem List
- Receiving target dose or max tolerated dose of beta-blocker, unless intolerant or contraindicated
- Receiving target dose or maximally tolerated dose of ACE-inhibitor or ARB, unless intolerant or contraindicated
- Resting HR greater or equal to 75 bpm on last two measurements.

-OR -

Dose Change Only: Patient previously met criteria and is already taking the drug.

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