Non-formulary **Ivabradine (Corlanor®)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescribed by or in consultation with a cardiologist;
   - **AND** –
2. Documented heart failure diagnosis on the Problem List;
   - **AND** –
3. Receiving target dose or max tolerated dose of beta-blocker, unless intolerant or contraindicated;
   - **AND** –
4. Receiving target dose or maximally tolerated dose of ACE-inhibitor or ARB, unless intolerant or contraindicated;
   - **AND** –
5. Resting HR greater or equal to 75 bpm on last two measurements.
   - **OR** –
6. Dose Change Only: Patient previously met criteria and is already taking the drug.

<table>
<thead>
<tr>
<th>Beta-Blocker</th>
<th>Target Dose</th>
<th>ACE-Inhibitors</th>
<th>Target Dose</th>
<th>ARB</th>
<th>Target Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carvedilol</td>
<td>25 mg BID or 50 mg BID if &gt; 85kg</td>
<td>Lisinopril</td>
<td>20-40 mg Daily</td>
<td>Losartan</td>
<td>100 mg Daily</td>
</tr>
<tr>
<td>Bisoprolol</td>
<td>10 mg Daily</td>
<td>Enalapril</td>
<td>10-20 mg BID</td>
<td>Valsartan</td>
<td>160 mg BID</td>
</tr>
<tr>
<td>Metoprolol succinate (XL)</td>
<td>200 mg Daily</td>
<td></td>
<td></td>
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</tbody>
</table>