

**Ivabradine tablet
Corlanor (ivabradine) oral solution
Effective 01/01/2026**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Ivabradine is a hyperpolarization-activated cyclic nucleotide-gated (HCN) channel blocker indicated:

- To reduce the risk of hospitalization for worsening heart failure in adult patients with stable, symptomatic chronic heart failure with reduced left ventricular ejection fraction $\leq 35\%$, who are in sinus rhythm with resting heart rate ≥ 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.
- For treatment of stable symptomatic heart failure due to dilated cardiomyopathy in pediatric patients 6 months of age and older who are in sinus rhythm with an elevated heart rate.

Ivabradine is available as tablets and oral solution.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Approval will be granted when all of the following diagnosis-specific criteria are met:

Heart Failure in Adults

- Member has a diagnosis of stable, symptomatic chronic heart failure
- Member's ejection fraction is less than or equal to 35%
- Member's resting heart rate is greater than or equal to 70 beats per minute
- Member is 18 years of age or older
- Requested medication is prescribed by or in consultation with a cardiologist
- Member meets one of the following:
 - Member is currently receiving a beta-blocker (carvedilol, metoprolol succinate or bisoprolol) at maximally tolerated age appropriate doses
 - Member has had an adverse reaction to a beta-blocker **or**
 - clinical rationale why a beta-blocker cannot be used has been submitted

Cardiomyopathy in Children

- Member has been diagnosed with cardiomyopathy due to heart failure

2. Member is 6 months of age or older
3. Member is in sinus rhythm with normal heart rate (see Appendix)
4. Requested medication is prescribed by or in consultation with a cardiologist
5. Member meets one of the following:
 - a. Member is currently receiving a beta-blocker (carvedilol, metoprolol succinate or bisoprolol) at maximally tolerated age appropriate doses
 - b. Member has had an adverse reaction to a beta-blocker
 - c. Clinical rationale why a beta-blocker cannot be used has been submitted

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Member has had a positive clinical response to treatment.

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months

Appendix

Normal Resting Heart Rate and Bradycardia for Age:

Age	Normal	Bradycardia
6-12 months	≥ 105 bpm	< 80 bpm
>1 year to < 3 years	≥ 95 bpm	< 70 bpm
3-5 years	≥ 75 bpm	< 50 bpm
>5 years	≥ 70 bpm	< 50 bpm

References

1. Corlanor (ivabradine) [prescribing information]. Thousand Oaks, CA: Amgen Inc; August 2021
2. Koruth JS, Lala A, Pinney S, et al. The Clinical Use of Ivabradine. J Am Coll Cardiol 2017; 70:1777
3. Mathew ST, Po SS, Thadani U. Inappropriate sinus tachycardia-symptom and heart rate reduction with ivabradine: A pooled analysis of prospective studies. Heart Rhythm 2018; 15:240
4. Ptaszynski P, Kaczmarek K, Ruta J, et al. Metoprolol succinate vs. ivabradine in the treatment of inappropriate sinus tachycardia in patients unresponsive to previous pharmacological therapy. Europace 2013; 15:116

Review History

11/20/19 – Reviewed at P&T

11/18/2020- Reviewed at P&T

07/21/2021-Reviewed at P&T; no clinical changes.

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

08/13/2025 – Reviewed and updated for August P&T. Updated policy title to reflect generic availability of Corlanor tablet. Updated language for members who are new to the Plan. Added criteria for cardiomyopathy in pediatrics and separated out criteria for chronic heart failure in adults. Removed item in heart failure criteria for members less than 18 years of age with normal heart rate. Updated criteria for heart failure in adults to require that the member is 18 years of age or older, has ejection fraction less than or equal to 35%, and heart rate of at least 70 beats per minute. Added reauthorization criteria, requiring that the member is having a positive clinical response to therapy. Effective 11/01/2025.

10/08/2025 – Reviewed and updated at October P&T. Removed requirements concerning ACEIs/ARBs/ARNI. Effective 01/01/2026.

