

SmartPA Criteria Proposal

Drug/Drug Class:	Corlanor Clinical Edit
First Implementation Date:	December 3, 2018
Proposed Date:	December 16, 2021
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of Corlanor® (ivabradine)

Why Issue Selected: Corlanor® (ivabradine) is a hyperpolarization-activated cyclic nucleotide-gated channel blocker used in stable symptomatic heart failure. It is 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. In 2019, Corlanor also received an indication for the treatment of stable symptomatic heart failure due to dilated cardiomyopathy in pediatric patients aged 6 months and older. Corlanor should not be used as a substitute for beta blockers unless the patient is on maximally tolerated doses of beta blockers or if beta blockers are contraindicated. Currently there is much more evidence for beta blockers in heart failure than for Corlanor. Beta blockers have been shown to decrease death due to heart failure, cardiovascular death, and all-cause mortality while Corlanor has only been shown to decrease death due to heart failure. Given the well-proven mortality benefits of beta-blocker therapy, it is important to initiate and up titrate these agents to target doses, as tolerated, before assessing the resting heart rate for consideration of initiation of Corlanor therapy.

Program-Specific Information:	Date Range FFS 10-01-2020 to 9-30-2021			
	Drug	Claims	Spend	Average Spend per Claim
	CORLANOR 5 MG TABLET	592	\$248,123.39	\$419.12
	CORLANOR 7.5 MG TABLET	151	\$72,488.24	\$480.05
	CORLANOR 5 MG/5 ML SOLN	0	-	-

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Corlanor® (ivabradine)

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- Age range: All appropriate MO HealthNet participants aged 6 months and older

Approval Criteria

- Documented history of Corlanor therapy in the past 60 days **OR**
- Prescribed by or in consultation with a cardiologist or other specialist for the treated disease state **AND**
- Participant aged ≥ 6 months and < 18 years:
 - Documented diagnosis of heart failure due to dilated cardiomyopathy **AND**
 - Participant is in sinus rhythm **AND**
 - Participant has an appropriate heart rate for therapy based on age:
 - Aged 6-12 months: ≥ 105 beats per minute
 - Aged 1-3 years: ≥ 95 beats per minute
 - Aged 3-5 years: ≥ 75 beats per minute
 - Aged 5 years and older: ≥ 70 beats per minute **OR**
- Participant aged ≥ 18 years:
 - Documented therapy with a beta blocker for 60 out of the past 90 days **OR**
 - Documented contraindications to beta blocker therapy **AND**
 - Participant has a left ventricular ejection fraction of 35% or less **AND**
 - Participant is in sinus rhythm **AND**
 - Participant has a resting heart rate of at least 70 beats per minute **OR**
- Approval based on clinical consultant review

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Documented history of severe hepatic impairment

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)
Rule Type: CE

Default Approval Period

3 months

References

- CORLANOR® (ivabradine) [package insert]. Thousand Oaks, CA: Amgen Inc.; August 2021.
- IPD Analytics. Cardiovascular: Heart Failure. Accessed November 5, 2021.
- Maddox TM, Januzzi JL Jr, et al. 2021 Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol.* 2021;77(6):772-810. doi:10.1016/j.jacc.2020.11.022

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