AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Corlanor	Page:	1 of 3
Effective Date:	10/24/2023	Last Review Date:	10/2023

Applies to:	☒Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☒Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Corlanor under the patient's prescription drug benefit.

Description:

Heart Failure in Adult Patients
Corlanor is indicated to reduce the risk of hospitalization for worsening heart failure in adult patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction ≤ 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.

Heart Failure in Pediatric Patients
Corlanor is indicated for the treatment of stable symptomatic heart failure due to dilated cardiomyopathy (DCM) in pediatric patients aged 6 months and older, who are in sinus rhythm with an elevated heart rate.

Compendial Uses
Inappropriate Sinus Tachycardia, adults

Applicable Drug List:

Corlanor

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for an adult patient

AND

  - The requested drug is being prescribed to reduce the risk of hospitalization for worsening heart failure in a patient with stable, symptomatic chronic heart failure

  AND

  - The patient has a left ventricular ejection fraction (LVEF) less than or equal to 35 percent. Documentation is required for approval.

  AND

  - The patient is currently receiving optimal therapy for heart failure management (e.g., angiotensin-converting enzyme inhibitor [ACEI], angiotensin II receptor

blocker [ARB], angiotensin receptor-neprilysin inhibitor [ARNI], beta-blocker, sodium-glucose co-transporter-2 inhibitor [SGLT2I], mineralocorticoid receptor antagonist [MRA])

AND

- The patient is receiving treatment with a maximally tolerated dose of a beta-blocker OR the patient has an intolerance or contraindication to beta-blocker use

AND

- The patient is in sinus rhythm

AND

- If the request is not for continuation of therapy, the patient has a resting heart rate greater than or equal to 70 beats per minute [BPM]

OR

- The requested drug is being prescribed for the management of symptomatic inappropriate sinus tachycardia (IST)

OR

- The requested drug is being prescribed for a pediatric patient 6 months of age or older

AND

- The requested drug is being prescribed for the treatment of stable, symptomatic heart failure due to dilated cardiomyopathy (DCM)

AND

- The patient is in sinus rhythm

AND

- If the request is not for continuation of therapy, the patient has an elevated heart rate

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Corlanor [package insert]. Thousand Oaks, CA: Amgen Inc.; August 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed April 12, 2023.

3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/12/2023).
4. Heidenreich PA, Bozkurt B, Aguilar D et. al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2022;79:e263-e421.
5. Page PL, Joglar JA, Caldwell MA et al. 2015 ACC/AHA/HRS Guideline for the Management of Adult Patients with Supraventricular Tachycardia: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Circulation*. 2016;133;e506-e574.