AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name: Ivabradine			Page: 1 of 4
Effective Date: 10/6/2025			Last Review Date: 9/2025
Applies to:	☒Illinois ☒New Jersey ☒Pennsylvania Kids	☐Florida ☒Maryland ☒Virginia	☒Florida Kids ☐Michigan

Intent:

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

Description:

FDA-approved Indications

Heart Failure in Adult Patients

Ivabradine 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

Ivabradine 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[3]

Applicable Drug List:

Ivabradine

Policy/Guideline:

Coverage Criteria

Chronic Heart Failure

Authorization may be granted when 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 when ALL of the following criteria are met:

- The requested drug is being prescribed for an adult patient.
- The patient has a left ventricular ejection fraction (LVEF) less than or equal to 35 percent. [ACTION REQUIRED: Documentation is required for approval.]

- 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]).
- The patient meets ONE of the following:
  - The patient is receiving treatment with a maximally tolerated dose of a beta-blocker.
  - The patient has an intolerance or contraindication to beta-blocker use.
- The patient is in sinus rhythm.
- The patient has a resting heart rate greater than or equal to 70 beats per minute (BPM).

Heart Failure Due to Dilated Cardiomyopathy (DCM)

Authorization may be granted when the requested drug is being prescribed for the treatment of stable, symptomatic heart failure due to dilated cardiomyopathy (DCM) when ALL of the following criteria are met:

- The requested drug is being prescribed for a pediatric patient 6 months of age or older.
- The patient is in sinus rhythm.
- The patient has an elevated heart rate.

Inappropriate Sinus Tachycardia (IST)

Authorization may be granted when the requested drug is being prescribed for the management of symptomatic inappropriate sinus tachycardia (IST) when the following criteria is met:

- The requested drug is being prescribed for an adult patient.

Continuation of Therapy

Chronic Heart Failure

Authorization may be granted when 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 when ALL of the following criteria are met:

- The requested drug is being prescribed for an adult patient.
- The patient has a left ventricular ejection fraction (LVEF) less than or equal to 35 percent. [ACTION REQUIRED: Documentation is required for approval.]
- 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]).
- The patient meets ONE of the following:
  - The patient is receiving treatment with a maximally tolerated dose of a beta-blocker.
  - The patient has an intolerance or contraindication to beta-blocker use.
- The patient is in sinus rhythm.

Heart Failure Due to Dilated Cardiomyopathy (DCM)

Authorization may be granted when the requested drug is being prescribed for the treatment of stable, symptomatic heart failure due to dilated cardiomyopathy (DCM) when ALL of the following criteria are met:

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

Inappropriate Sinus Tachycardia (IST)

All patients (including new patients) requesting authorization for continuation of therapy must meet ALL requirements in the coverage criteria section.

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.; 2025. https://online.lexi.com. Accessed March 31, 2025.

3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 03/31/2025).
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.