# SENTARA HEALTH PLANS

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

**Directions:** **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization may be delayed.**

**Drug Requested: Corlanor®** (ivabradine)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

**Member Name:** _____

**Member Sentara #:** _____ **Date of Birth:** _____

**Prescriber Name:** _____

**Prescriber Signature:** _____ **Date:** _____

**Office Contact Name:** _____

**Phone Number:** _____ **Fax Number:** _____

**DEA OR NPI #:** _____

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

**Drug Form/Strength:** _____

**Dosing Schedule:** _____ **Length of Therapy:** _____

**Diagnosis:** _____ **ICD Code, if applicable:** _____

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Corlanor® is being prescribed by (or in consultation with) a cardiologist
- ❑ Diagnosis of stable, symptomatic heart failure with LVEF ≤ 35%
- ❑ Member is in sinus rhythm with resting heart rate ≥ 70 bpm
- ❑ Member is currently on maximal dose of a β-blocker or has a contraindication to β-blockers e.g., carvedilol, metoprolol **(verified by chart notes or pharmacy paid claims)**
- ❑ Member's blood pressure is ≥ 90/50 mmHg

***Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.***

**Previous therapies will be verified through pharmacy paid claims or submitted chart notes.***

**Approved by Pharmacy and Therapeutics Committee**: ~~8/26/2017;~~ 7/21/2022
**REVISED/UPDATED/REFORMATTED:** ~~8/26/2017; 8/17/2018; (Reformatted) 1/29/2020; 8/12/2022;~~ **10/28/2023**