Corlanor® (ivabradine) can be used in patients with implanted cardiac devices[1,2]

Key considerations

- Patients must meet the Corlanor® indication criteria, including being in sinus rhythm[1]
- Corlanor® dosing should be adjusted to achieve resting heart rate of 50-60 bpm[1]

Corlanor® may be used concomitantly if the lower rate limit is set at < 60 bpm in[1,2]:

ICDs	CRTs (biventricular pacemakers/ICDs)	Dual chamber pacemakers (DDD-R)

Corlanor® is not approved for use:

- When a patient's heart rate is maintained exclusively by a pacemaker[1]
- With cardiac devices in which the lower heart rate limit is set at ≥ 60 bpm[1]

BPM = beats per minute; CRT = cardiac resynchronization therapy; DDD-R = dual chamber rate adaptive pacemaker; ICD = implantable cardioverter-defibrillator.

Indication

Corlanor® (ivabradine) is indicated to reduce the risk of hospitalization for worsening heart failure in 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.

Important Safety Information

- **Contraindications:** Corlanor® is contraindicated in patients with acute decompensated heart failure, blood pressure < 90/50 mmHg, sick sinus syndrome, sinoatrial block, 3rd degree atrioventricular block (unless a functioning demand pacemaker is present), a resting heart rate < 60 bpm prior to treatment, severe hepatic impairment, pacemaker dependence (heart rate maintained exclusively by the pacemaker), and concomitant use of strong cytochrome P450 3A4 (CYP3A4) inhibitors.

Please see full Important Safety Information on reverse side.

Corlanor® (ivabradine) 5 mg 7.5 mg tablets

Important Safety Information

- **Contraindications:** Corlanor® is contraindicated in patients with acute decompensated heart failure, blood pressure < 90/50 mmHg, sick sinus syndrome, sinoatrial block, 3rd degree atrioventricular block (unless a functioning demand pacemaker is present), a resting heart rate < 60 bpm prior to treatment, severe hepatic impairment, pacemaker dependence (heart rate maintained exclusively by the pacemaker), and concomitant use of strong cytochrome P450 3A4 (CYP3A4) inhibitors.

- **Fetal Toxicity:** Corlanor® may cause fetal toxicity when administered to a pregnant woman based on embryo-fetal toxicity and cardiac teratogenic effects observed in animal studies. Advise females to use effective contraception when taking Corlanor®.

- **Atrial Fibrillation:** Corlanor® increases the risk of atrial fibrillation. The rate of atrial fibrillation in patients treated with Corlanor® compared to placebo was 5% vs. 3.9% per patient-year, respectively. Regularly monitor cardiac rhythm. Discontinue Corlanor® if atrial fibrillation develops.

- **Bradycardia and Conduction Disturbances:** Bradycardia, sinus arrest and heart block have occurred with Corlanor®. The rate of bradycardia in patients treated with Corlanor® compared to placebo was 6% (2.7% symptomatic; 3.4% asymptomatic) vs. 1.3% per patient-year, respectively. Risk factors for bradycardia include sinus node dysfunction, conduction defects, ventricular dyssynchrony, and use of other negative chronotropes. Bradycardia may increase the risk of QT prolongation which may lead to severe ventricular arrhythmias, including torsades de pointes, especially in patients with risk factors such as use of QTc prolonging drugs.

  Concurrent use of verapamil or diltiazem also increases Corlanor® exposure, contributes to heart rate lowering, and should be avoided. Avoid use of Corlanor® in patients with 2nd degree atrioventricular block unless a functioning demand pacemaker is present.

- **Adverse Reactions:** The most common adverse drug reactions reported at least 1% more frequently with Corlanor® than placebo and that occurred in more than 1% of patients treated with Corlanor® were bradycardia (10% vs. 2.2%), hypertension or increased blood pressure (8.9% vs. 7.8%), atrial fibrillation (8.3% vs. 6.6%), and luminous phenomena (phosphenes) or visual brightness (2.8% vs. 0.5%).

  In postmarketing experience, torsades de pointes has been observed.

Please see accompanying Full Prescribing Information and Medication Guide

References: 1. Corlanor® (ivabradine) Prescribing Information, Amgen.
2. Swedberg K, Komajda M, Bohm M, et al. *Lancet*. 2010;376:875-885.

AMGEN®

Corlanor®
(ivabradine) 5 mg 7.5 mg tablets