Corlanor® (ivabradine)

Medication Request Form (MRF) for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW)

FAX TO: (858) 790-7100

c/o MedImpact Healthcare Systems, Inc.

Attn: Prior Authorization Department
10181 Scripps Gateway Court, San Diego, CA 92131 - Phone: 1-844-336-2677

Instructions:
This form is to be used by participating providers to obtain coverage for the drug listed above which requires *prior authorization*. Please complete this form and fax it to *Med**Impact*** Healthcare Systems, Inc. at (858) 790-7100. If you have any questions regarding this process, please contact Med***Impact***'s Customer Service at (844) 336-2677.

Member/Provider Information:

MDwise Member's Name:	**Provider's Name:**
MDwise Member's ID #:	**Provider's Specialty:**
MDwise Member's DOB (mm-dd-yy):	**Provider's DEA #:** | **Provider's NPI #:**
Pharmacy used by MDwise Member:	**Provider's Telephone Number/Contact Name (xxx-xxx-xxxx):**
Pharmacy Telephone Number (xxx-xxx-xxxx):	**Provider's Fax Number (xxx-xxx-xxxx):**

Clinical Information:

Requested Drug: ☐ **Corlanor®**	
Dose and Quantity Requested:	
Date Requested:	**Length of Treatment** (please be specific):

Documentation of Medical Necessity:

Does the patient have a diagnosis of heart failure? ☐Yes ☐No

If yes, what is the patient's New York Heart Association (NYHA) Functional Class? ____________________

AND

What is the patient's left ventricular ejection fraction? ____________________

AND

Is the patient currently being treated with or does the patient have an intolerance to one of the following beta-blockers: metoprolol succinate, bisoprolol, or carvedilol?

If yes, please list the medication and dates of therapy ____________________

AND

Is the patient in normal sinus rhythm (e.g., patient does not have atrial fibrillation, sick sinus syndrome, sinoatrial block, or 2nd or 3rd degree AV block unless a functioning demand pacemaker is present)? ☐Yes ☐No

AND

Does the patient have a demand pacemaker set to a rate ≥ 60 bpm? ☐Yes ☐No

AND

What is the patient's resting heartrate? ____________________

AND

Has this treatment been prescribed by or in consultation with a cardiologist? ☐Yes ☐No