Specialty Pharmacy Intake Form

Please see Corlanor® Indications and Important Safety Information on page 2. If an item does not apply, please note "N/A" on that line. Fax with copies of insurance card(s), front and back, and appropriate information from patient's medical charts to Avella Specialty Pharmacy.

Corlanor® (ivabradine) 5 mg/5 mL oral solution

Patient Information

Patient Name:* _____
Street Address:* _____
City:* _____ State:* _____ Zip:* _____
Preferred Phone:* ( ) _____
Email Address: _____
Date of Birth:* _____

Pharmacy Insurance Information

❑ Attach a copy of insurance card, front and back, **AND** provide:
Pharmacy Insurance ID #:* _____
Pharmacy Insurance Telephone:* ( ) _____
BIN/PCN/GROUP: _____

Primary/Secondary Medical Insurance Information

(ONLY if Pharmacy Insurance Information is not available)

❑ Attach a copy of insurance card, front and back, **AND** provide:
Name of Insurer:* _____
Insurer Telephone: ( ) _____
Group Number: _____
Policy Number:* _____

Prescriber Information

Office Contact: _____
Email Address: _____
Prescriber Name:* _____
Specialty: _____
State License Number: _____
Office Street Address:* _____
City:* _____ State:* _____ Zip:* _____
Office Name:* _____
Telephone:* ( ) _____ Fax: ( ) _____
Prescriber NPI #:* _____ Tax ID #: _____

Prescription Information: Corlanor® 5 mg/5 mL oral solution

DIRECTIONS:	Patient Weight (Kg):* _____ Date Weight Measured:* _____	TOTAL DISPENSED QUANTITY: ❑ _____ mL ❑ _____ ampules	REFILLS: _____ refills

❑ I authorize Amgen and its agents to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy consistent with the patient's benefit plan.

Prescriber Signature (no stamps) **X**_____ **X**_____ Date: _____
Dispense as written **Substitution allowed**

Avella Specialty Pharmacy

Avella Specialty Pharmacy Phone: 877-546-5779 Fax: 877-546-5780

Patient Medical Information

Previously received Corlanor: ❑ Yes ❑ No ❑ Unknown

Please provide relevant ICD-10-CM code(s):*,†

For Pediatric Patients:

❑ Stable heart failure due to dilated cardiomyopathy
❑ I50.1 Left ventricular failure
❑ I50.22 Chronic systolic (congestive) heart failure
❑ Other ICD-10-CM code or diagnosis
_____

For Adult Patients:

❑ Stable heart failure with reduced ejection fraction
❑ I50.1 Left ventricular failure
❑ I50.22 Chronic systolic (congestive) heart failure
❑ Other ICD-10-CM code or diagnosis
_____

❑ Z97.8 Presence of nasogastric tube

Is patient unable to swallow (dysphagia R13.10)?*

❑ Yes ❑ No

*Required for processing.

†The sample diagnosis codes are informational and not intended to be directive or a guarantee of reimbursement, and include potential codes that would include FDA-approved indications for Corlanor®. Other codes may be more appropriate given internal system guidelines, payor requirements, practice patterns, and the services rendered.

By signing above, you attest that your patient (or your patient's guardian, if applicable) is aware of the disclosure of the patient's personal health information to Avella Specialty Pharmacy, an Amgen business partner, for insurance verification, prior authorization support, and other specialty pharmacy services (such as refill reminders) as part of the patient's treatment with Corlanor® and that you have obtained and maintain all required patient privacy authorizations.

Fax completed form and/or copy of insurance card(s), front and back, to Avella Specialty Pharmacy.

FOR SPECIALTY PHARMACY USE ONLY: Corlanor® Support Phone: 1-844-6CORLANOR, Hours: 8 AM-8 PM ET, M-F

AMGEN®

USA-998-80156

Physician NPI #: _____

Corlanor® (ivabradine) 5 mg/5 mL oral solution

IMPORTANT SAFETY INFORMATION

Contraindications: Corlanor® is contraindicated in patients with acute decompensated heart failure, clinically significant hypotension, sick sinus syndrome, sinoatrial block, 3rd degree atrioventricular block (unless a functioning demand pacemaker is present), clinically significant bradycardia, 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 of reproductive potential 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:

Adult Heart Failure Patients

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.

Pediatric Heart Failure Patients

Bradycardia and first-degree heart block were observed in pediatric patients treated with Corlanor®. Asymptomatic and symptomatic bradycardia were observed in 6.8% and 4.1% of pediatric patients treated with Corlanor®, respectively. In the placebo treatment arm, 2.4% of pediatric patients had asymptomatic bradycardia, but none had symptomatic bradycardia. Bradycardia was managed through dose titration but did not result in study drug discontinuation.

Adverse Reactions:

Adult Heart Failure Patients

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.

Pediatric Heart Failure Patients

Bradycardia (symptomatic and asymptomatic) occurred at rates similar to those in adults. Phosphenes were observed in pediatric patients treated with Corlanor®.

Please see full Prescribing Information and Medication Guide.

INDICATIONS

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.

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