



15 December 2011  
EMA/CHMP/963758/2011  
Committee for Medicinal Products for Human Use (CHMP)

## Summary of opinion<sup>1</sup> (post authorisation)

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### Corlantor ivabradine

On 15 December 2011, the Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion recommending a variation to the terms of the marketing authorisation for the medicinal product Corlantor. The marketing authorisation holder for this medicinal product is Les Laboratoires Servier. They may request a re examination of the CHMP opinion, provided that they notify the European Medicines Agency in writing of their intention within 15 days of receipt of the opinion.

The CHMP adopted a new indication as follows:

“Treatment of chronic heart failure

Ivabradine is indicated in chronic heart failure NYHA II to IV class with systolic dysfunction, in patients in sinus rhythm and whose heart rate is  $\geq 75$  bpm, in combination with standard therapy including beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated. (see section 5.1)”

The CHMP adopted a new contraindication as follows:

- **“Unstable or acute heart failure**
- Pacemaker dependent (**heart rate imposed exclusively by the pacemaker**)

The CHMP adopted the removal of a contraindication as follows:  
“Heart failure patients with NYHA functional classification III-IV”

Detailed conditions for the use of this product will be described in the updated summary of product characteristics (SmPC), which will be published in the revised European public assessment report (EPAR), and will be available in all official European Union languages after the variation to the marketing authorisation has been granted by the European Commission.

For information, the full indications for Corlantor will be as follows<sup>2</sup>:

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<sup>1</sup> Summaries of positive opinion are published without prejudice to the Commission decision, which will normally be issued within 44 days (Type II variations) and 67 days (Annex II applications) from adoption of the opinion.



### **“Treatment of coronary artery disease**

Symptomatic treatment of chronic stable angina pectoris in coronary artery disease adults with normal sinus rhythm. Ivabradine is indicated :

- in adults unable to tolerate or with a contra-indication to the use of beta-blockers
- or in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose and whose heart rate is > 60 bpm.

### **Treatment of chronic heart failure**

**Ivabradine is indicated in chronic heart failure NYHA II to IV class with systolic dysfunction, in patients in sinus rhythm and whose heart rate is  $\geq 75$  bpm, in combination with standard therapy including beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated. (see section 5.1)”**

For information, the full contraindications for Corlentor will be as follows<sup>3</sup>:

- “Hypersensitivity to the active substance or to any of the excipients (see section 6.1)
- Resting heart rate below 60 beats per minute prior to treatment
- Cardiogenic shock
- Acute myocardial infarction
- Severe hypotension (< 90/50 mmHg)
- Severe hepatic insufficiency
- Sick sinus syndrome
- Sino-atrial block
- **Unstable or acute heart failure**
- Pacemaker dependent (**heart rate imposed exclusively by the pacemaker**)
- Unstable angina
- AV-block of 3<sup>rd</sup> degree
- Combination with strong cytochrome P450 3A4 inhibitors such as azole antifungals (ketoconazole, itraconazole), macrolide antibiotics (clarithromycin, erythromycin *per os*, josamycin, telithromycin), HIV protease inhibitors (nelfinavir, ritonavir) and nefazodone (see sections 4.5 and 5.2)
- Pregnancy, lactation (see section 4.6)”

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<sup>2</sup> The text in bold represents the new or the amended indication.

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