

Ivabradine (Corlanor)

An add-on for selected adults with heart failure and reduced ejection fraction

This medicine slows the heart's natural pacemaker. It may reduce hospital stays in stable, symptomatic heart failure when ejection fraction is 35% or less, rhythm is normal (sinus), and resting pulse is at least 70 despite the most beta blocker you can tolerate, or beta blockers cannot be used. [2]

What benefit was seen?

SHIFT compared ivabradine with placebo, both added to usual care, over a median 22.9 months. [1]

First HF admission or cardiovascular death

Ivabradine	Placebo
793/3,241 (24.5%)	937/3,264 (28.7%) [1]

About 4 fewer people per 100 had this outcome. The benefit was mainly fewer hospital stays; cardiovascular death alone was not clearly reduced. [1] [2]

Commonly reported side effects

Ivabradine versus placebo in SHIFT

Reported event	Medicine	Placebo
Slow pulse	10%	2.2% [2]
Raised blood pressure	8.9%	7.8% [2]
Atrial fibrillation	8.3%	6.6% [2]
Brief visual brightness	2.8%	0.5% [2]

Safety groups: 3,260 / 3,278; median medicine exposure 21.5 months. These are reported events, not yearly rates. [2]

How often did people stop?

SHIFT: different stopping definitions

Reason / analysis	Ivabradine	Placebo
Any permanent stop (adherence subset)	682/3,232 (21.1%)	605/3,259 (18.6%) [3]
Adverse-event withdrawal (sponsor safety set)	467/3,232 (14.4%)	416/3,260 (12.8%) [4]

The analysis groups differ; stopping medicine is not the same as leaving follow-up. In a Chinese practice cohort, 70/423 (16.5%) with month-6 dose-change data had stopped since the previous visit. This is not an all-patient 6-month or side-effect-only rate. [5]

Dose, pulse and rhythm plan

Daily plan: take the prescribed dose twice daily with food. Skip a missed dose and take the next at the usual time. Never double it. Ask when your pulse and rhythm will be rechecked after starting or changing the dose. [2]

Call for a slow pulse, dizziness, new irregular heartbeat or worsening breathing. Fainting needs urgent assessment. Brief brightness or halos can occur. Use caution when driving, especially at night or with sudden light changes. [2]

Check interactions, especially diltiazem, verapamil, grapefruit and certain antibiotics or antifungals. Use effective contraception, call promptly if pregnant and avoid breastfeeding. [2]

What might I pay out of pocket?

US examples checked September 5, 2026; verify your quote

Payment route	Price and conditions
Blueberry cash	\$34.64 for generic 5 mg, 60 tablets / 30 days; \$38.63 with \$3.99 shipping. Nonmember estimate. [6] [7]
GoodRx	Current ivabradine quote could not be verified; compare your exact dose and quantity. [8]
Typical insured benchmark	Employer-plan average tier 1/2/3 copays: \$12/\$40/\$71 (KFF 2025, plans with 3+ tiers); not this drug's copay. [9]

Medicare Part D: plan-specific copay/coinsurance; maximum deductible \$615 and \$2,100 yearly cap across covered drugs in 2026, excluding premiums. Extra Help: generally up to \$5.10 generic / \$12.65 brand per prescription if eligible. Cash used outside Part D does not count toward its deductible/cap. [10] [11] [12]