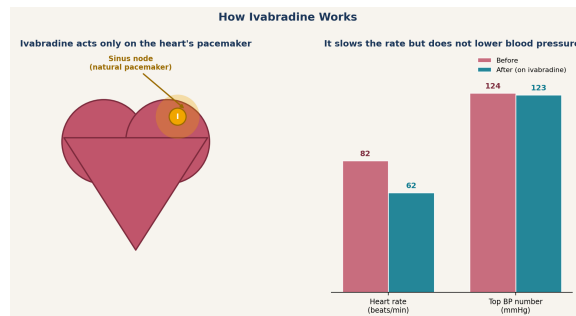


Understanding Ivabradine (Corlanor)

A heart medicine that slows the rate without lowering blood pressure

Ivabradine acts only on the heart's natural pacemaker. It slows a fast heart rate without weakening the squeeze — an add-on for the right patients.



Online: <https://go.riasalimd.com/ivabradine-guide>

Rias KS Ali, MD FACC

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Last Updated: August 2026



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Names & Terms You Will Hear

Term	Meaning
Ivabradine	The generic name of the medicine. It slows the heart rate by acting on the heart's natural pacemaker.
Corlanor	The brand name for ivabradine in the United States.
Sinus node (SA node)	The heart's natural pacemaker. It is the small spot that sets your heart rate when you are in normal rhythm.
Funny current (I-f)	The tiny electrical current in the pacemaker that ivabradine slows. Its odd name comes from how it behaves; ivabradine is the only common drug that blocks it.
Sinus rhythm	A normal, steady heartbeat that starts in the sinus node. Ivabradine only works when you are in this rhythm.
HFrEF	Heart failure with a weak pump (a low ejection fraction). This is the main heart failure type where ivabradine is used.
Phosphenes	Brief flashes or halos of bright light that some people see when starting ivabradine. They are usually harmless and fade with time.
Add-on therapy	A medicine added on top of the proven main drugs, not used in place of them. Ivabradine is an add-on.



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What Is Ivabradine (Corlanor)?

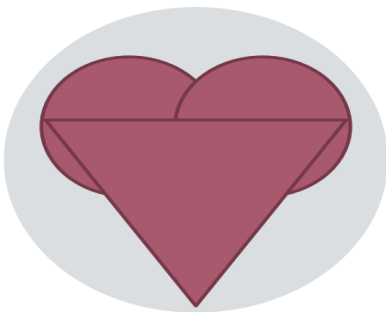
- Ivabradine (brand name Corlanor) is a heart medicine with one job: it slows a fast heart rate.
- It works in a unique way. It acts only on the heart's natural pacemaker, the sinus node, and slows the tiny electrical current there.
- Because it touches only the pacemaker, it slows the rate without lowering your blood pressure and without weakening the heart's squeeze.
- This is the key difference from beta-blockers. Beta-blockers slow the whole heart and also lower blood pressure and the force of each beat.
- It only works when your heart is in normal sinus rhythm. In atrial fibrillation (AFib), the pacemaker is not in charge, so ivabradine does not help.
- It comes as a pill taken twice a day with food. The dose is set by your resting heart rate.
- Ivabradine is an add-on. It is used together with the main heart failure medicines, not in place of them.

Beta-blocker

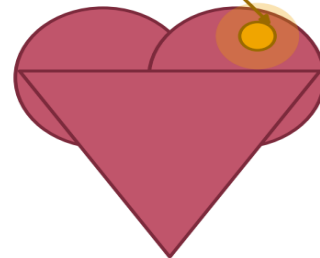
Two Ways to Slow the Heart

Ivabradine

only the pacemaker



Acts on the whole heart:
rate down, squeeze down,
blood pressure down



Acts only on the pacemaker:
rate down — squeeze and
blood pressure left alone

A beta-blocker dials down the whole heart — rate, force, and blood pressure. Ivabradine touches only the pacemaker, so the rate falls while the squeeze and the blood pressure are left alone.



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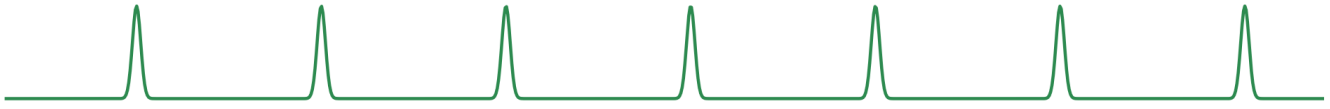
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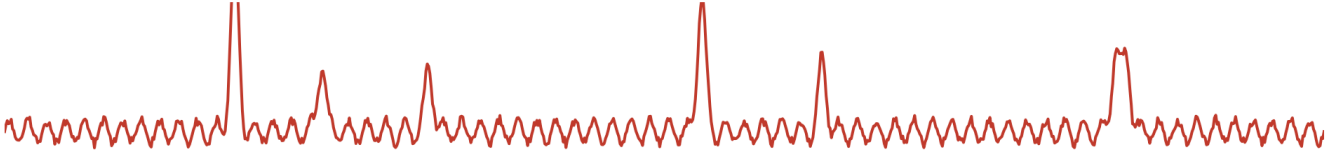
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Ivabradine Only Works in Sinus Rhythm

Normal sinus rhythm — the pacemaker is in charge, so ivabradine can slow it



Atrial fibrillation — the pacemaker is NOT in charge, so ivabradine does not help



Ivabradine only works in normal sinus rhythm, where the pacemaker sets the rate. In atrial fibrillation the pacemaker is not in charge, so ivabradine has nothing to act on and does not help.



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Ivabradine vs a Beta-Blocker — What Each Does

What it does	Ivabradine	Beta-blocker
Slows the heart rate	Yes	Yes
Lowers blood pressure	No	Yes
Weakens the squeeze (force)	No	Yes (mildly)
Works in atrial fibrillation (AFib)	No	Yes
Role in heart failure	Add-on	Main pillar



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How It Slows the Rate Differently

- Your sinus node is the heart's natural pacemaker. A tiny electrical current there, the funny current, sets how fast it fires.
- Ivabradine slows that one current and nothing else. The result is a slower heart rate with no effect on blood pressure or the strength of each beat.
- A beta-blocker works on the whole heart at once, which is why it also lowers blood pressure and softens the squeeze.
- Because ivabradine needs the sinus node to be in charge, it only works in normal sinus rhythm — it is useless in atrial fibrillation.

The most important rule: ivabradine only works when your heart is in normal sinus rhythm. In atrial fibrillation (AFib), the pacemaker is not in charge, so ivabradine has nothing to slow. If you feel a new racing or fluttering heartbeat, call us — it may be AFib, and the medicine will stop helping.



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Why It Matters

- A fast resting heart rate is hard on a weak heart. The heart gets less rest between beats and has to work harder.
- In heart failure with a weak pump, lowering a high heart rate can help the heart and ease symptoms.
- The large SHIFT trial tested ivabradine in these patients. They were in sinus rhythm with a resting rate of 70 beats per minute or higher despite the most beta-blocker they could take.
- Ivabradine lowered the combined risk of being hospitalized for heart failure or dying from heart causes. The biggest gain was fewer heart failure hospital stays.
- Based on this, the 2022 national heart failure guideline supports ivabradine for the right patients who are already on the proven main medicines.
- The FDA has also approved ivabradine for children 6 months and older who have stable heart failure from a stretched, weak heart muscle (dilated cardiomyopathy).
- Beyond these FDA-approved uses, doctors sometimes use it off-label to slow a fast resting rate in inappropriate sinus tachycardia or POTS, and for stable angina (chest pain) in some countries.
- Ivabradine is not a first-line drug and not a cure. It is a helpful add-on for a specific group of patients.

Who Qualifies for Ivabradine in Heart Failure



In heart failure, ivabradine is considered only after four gates are met: a weak pump, normal sinus rhythm, a resting rate still 70 beats per minute or higher, and the most beta-blocker you can take.



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How Ivabradine Is Used: On-Label vs Off-Label

FDA-approved (on-label)	Off-label (specialist-directed)
Heart failure, weak pump (adults) EF 35 percent or lower, in sinus rhythm, resting rate 70 or higher on a beta-blocker — fewer hospital stays.	Fast sinus rate (IST or POTS) Slows an overactive pacemaker when symptoms persist; not FDA-approved for this use.
Heart failure in children Stable heart failure from a stretched, weak heart muscle, ages 6 months and older.	Stable angina (chest pain) Rate-lowering relief; approved in Europe, off-label in the US — used with care (SIGNIFY caution).

The FDA-approved (on-label) uses are heart failure in adults and in children 6 months and older. The off-label uses — a fast sinus rate (inappropriate sinus tachycardia or POTS) and stable angina — are not FDA-approved and are directed by a specialist.



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On-Label vs Off-Label: What Ivabradine Is Used For

Use	FDA status	Where the evidence comes from
Heart failure, weak pump (adults)	On-label	SHIFT trial; 2022 heart failure guideline
Heart failure in children (6 months+)	On-label	Pediatric dilated cardiomyopathy trial
Inappropriate sinus tachycardia	Off-label	Smaller studies; specialist use
POTS (postural tachycardia)	Off-label	Smaller studies; specialist use
Stable angina (chest pain)	Off-label in US	Approved in Europe; SIGNIFY caution



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On-Label vs Off-Label Uses

- FDA-approved (on-label) use 1: adults with heart failure and a weak pump (ejection fraction 35 percent or lower), in normal sinus rhythm, with a resting heart rate of 70 beats per minute or higher despite the most beta-blocker they can take (or if a beta-blocker cannot be used). Here it lowers the risk of being hospitalized for worsening heart failure (the SHIFT trial).
- FDA-approved (on-label) use 2: children 6 months and older with stable heart failure from a stretched, weak heart muscle (dilated cardiomyopathy).
- Off-label use: a fast resting sinus rate from inappropriate sinus tachycardia or POTS. Ivabradine slows the overactive pacemaker; this use is not FDA-approved but is supported by smaller studies and guided by a specialist.
- Off-label use: stable angina (chest pain). Ivabradine is approved for angina in Europe but not in the United States. In a large study of angina patients without heart failure (SIGNIFY), it did not improve outcomes and may have caused harm in some, so US doctors use it here only with caution.
- Whether on-label or off-label, ivabradine still needs normal sinus rhythm to work, and the same safety rules apply.



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Who Benefits Most

- The main group is heart failure with a weak pump (a low ejection fraction) and a resting heart rate that stays high.
- In the SHIFT trial, these patients were in sinus rhythm with a resting rate of 70 beats per minute or higher despite the most beta-blocker they could take.
- Ivabradine lowered their risk of heart failure hospital stays and heart-related death. The biggest gain was fewer hospital stays.
- It is also used for some people with inappropriate sinus tachycardia and, in some countries, for stable angina (chest pain).
- First we make sure the four main heart failure medicines are in place and the beta-blocker is pushed as high as you can take it.

About off-label use: "Off-label" means using a medicine for a condition the FDA has not formally approved it for. It is legal and common when good evidence supports it. For ivabradine, heart-failure use is FDA-approved. Angina and fast-heart-rate uses (inappropriate sinus tachycardia and POTS) are off-label in the United States. Use it only as your own doctor directs.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
In atrial fibrillation (AFib)	Ivabradine needs the sinus node to be in charge. In AFib it does not work, so it is not the right choice.
Very slow resting heart rate	If your resting rate is already low (under 60), ivabradine could slow it too much. We avoid or use a low dose.
Low blood pressure or heart block	Severe low blood pressure or certain electrical blocks make ivabradine unsafe; we screen for these first.
Pregnancy or planning pregnancy	Ivabradine can harm a developing baby, so it is not used in pregnancy.
Severe liver problems	The liver clears ivabradine. Severe liver disease can raise its level and side-effect risk.
Taking interacting medicines	Some antifungals, certain antibiotics, some HIV medicines, and grapefruit can raise ivabradine levels and must be reviewed.



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Treatment Options

- Take ivabradine twice a day with food, in the morning and the evening. Food helps your body absorb it steadily.
- Your doctor starts at a low dose and adjusts it based on your resting heart rate, usually after about two weeks.
- The goal is a resting heart rate of about 50 to 60 beats per minute. If your rate drops too low, the dose is lowered.
- Check your pulse at home if asked. Tell us if it runs below 50 beats per minute or if you feel dizzy or tired.
- Some people see brief flashes or halos of light, especially in the first weeks. This is usually harmless and tends to fade. Avoid sudden bright-light situations like night driving until you know how it affects you.
- Report a racing or fluttering heartbeat. Ivabradine can sometimes trigger or worsen atrial fibrillation (AFib), and it stops working if you are in AFib.
- Do not take it with grapefruit juice or certain other medicines, which can raise its level. Always share your full medicine list with us.
- Do not use ivabradine if you are pregnant or might become pregnant. Use reliable birth control and tell us right away if you could be pregnant.



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What to Expect

- You take one pill twice a day with food. The dose is adjusted to your resting heart rate, aiming for about 50 to 60 beats per minute.
- In the first weeks you may notice brief flashes or halos of bright light. These phosphenes are usually harmless and fade; be cautious driving at night until you know how you react.
- We recheck your heart rate after about two weeks and fine-tune the dose. Keep a simple pulse log to bring to visits.
- Report a new racing or fluttering heartbeat, since ivabradine can trigger AFib and stops working if you are in it.
- Avoid grapefruit, do not use it in pregnancy, and keep taking your other heart medicines — ivabradine works on top of them.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Keep a simple log of your resting pulse. Take it when you have been sitting quietly for a few minutes.
- Take each dose with a meal at about the same times every day so you do not miss one.
- Skip grapefruit and grapefruit juice while on this medicine.
- Be careful with bright light at first. The light flashes can be brief and distracting, so wait before driving at night until you know how you react.
- Keep taking your other heart medicines. Ivabradine works on top of them, not instead of them.
- Bring your pulse log and full medicine list to every visit so we can fine-tune the dose.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Add ivabradine for heart failure with a weak pump	Too-slow heart rate, brief light flashes, and a chance of triggering AFib. Needs sinus rhythm and a heart rate that is still 70 or higher on a beta-blocker.	Fewer heart failure hospital stays and lower heart-related death risk in the right patients (SHIFT trial). Does not lower blood pressure or weaken the squeeze.	Raise the beta-blocker further if possible. Make sure the four main heart failure medicines are in place first. See our heart failure guide.
Ivabradine instead of more beta-blocker	Misses the broader benefits of a beta-blocker, which also protect a weak heart in other ways.	Useful when you cannot take more beta-blocker because of low blood pressure, tiredness, or slow conduction.	Try a different beta-blocker or a lower-then-slower titration first. Ivabradine is an add-on, not a replacement.
Ivabradine for a fast sinus rate (inappropriate sinus tachycardia or POTS)	Same light flashes and slow-rate risk. This use is off-label in the United States — not FDA-approved, but supported by some evidence and specialist-directed.	Can ease a persistently fast resting heart rate and the symptoms it causes when other steps fall short.	Lifestyle steps, fluids and salt, and beta-blockers. See our inappropriate sinus tachycardia and POTS guides.
Take no rate-lowering add-on	A high resting heart rate keeps straining a weak heart.	Avoids extra pills and their side effects.	Maximize the proven heart failure medicines and the beta-blocker dose first; revisit if the rate stays high in sinus rhythm.



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Common Misconceptions

Myth	Reality
Ivabradine is just another beta-blocker.	It is not. It acts only on the heart's pacemaker, so it slows the rate without lowering blood pressure or weakening the squeeze. Beta-blockers do all three.
Ivabradine can replace my beta-blocker.	It is an add-on, not a replacement. Beta-blockers protect a weak heart in ways ivabradine does not. We add ivabradine on top when your rate stays high.
If my heart rate is high, ivabradine will always help.	Only if you are in normal sinus rhythm. In atrial fibrillation the pacemaker is not in charge, so ivabradine has nothing to act on and does not help.
The light flashes mean something is wrong with my eyes.	These brief flashes or halos, called phosphenes, come from a harmless effect on the retina. They usually fade and go away fully if the medicine is stopped.
Ivabradine lowers blood pressure like my other heart pills.	It does not. That is the whole point of how it works. If your blood pressure is low, this can be an advantage over a beta-blocker.
Ivabradine is a first-line heart failure drug.	It is not. The four main pillars of heart failure care come first. Ivabradine is added for a specific group whose heart rate stays high in sinus rhythm.
It is fine to keep my grapefruit juice habit.	Grapefruit can raise the level of ivabradine in your body and increase side effects. Avoid grapefruit and grapefruit juice while taking it.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart rate	The heart rate can drop too low (below 50). This may cause tiredness, dizziness, or fainting. The dose can be lowered or stopped.
Heart rhythm	Ivabradine can trigger or worsen atrial fibrillation (AFib). If you go into AFib, the medicine also stops working. Report any racing or fluttering heartbeat.
Vision	Brief flashes or halos of bright light (phosphenes) are common early on. They are usually harmless and fade, but can be distracting in low or changing light, such as night driving.
Blood pressure	Unlike many heart drugs, ivabradine usually does not lower blood pressure. Rarely it is linked with higher blood pressure, which we monitor.
Pregnancy	Ivabradine can harm a developing baby. It must not be used in pregnancy, and reliable birth control is needed for those who could become pregnant.
Drug interactions	Grapefruit and some medicines raise ivabradine levels and the risk of a too-slow heart. Always review your full medicine list with us.



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Points to Know

If you remember nothing else, remember these key points.

- Ivabradine (Corlanor) slows a fast heart rate by acting only on the heart's natural pacemaker.
- It does not lower blood pressure and does not weaken the heart's squeeze — the key difference from beta-blockers.
- It only works in normal sinus rhythm. It does not help in atrial fibrillation (AFib).
- FDA-approved (on-label): heart failure with a weak pump in adults (SHIFT trial), and heart failure in children 6 months and older.
- Off-label (specialist-directed, not FDA-approved): a fast sinus rate from inappropriate sinus tachycardia or POTS, and stable angina (chest pain).
- It is an add-on, not a first-line drug or a replacement for a beta-blocker.
- Take it twice a day with food. The dose is adjusted to your resting heart rate.
- Brief light flashes (phosphenes) are common early and usually harmless; report a racing or fluttering heartbeat.
- Do not use it in pregnancy, and avoid grapefruit.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Resting pulse below 50 beats per minute, especially with dizziness or tiredness — call us today.
- A new racing, fluttering, or irregular heartbeat — call us today; it may be AFib.
- Fainting or near-fainting — call us today; if you do not wake quickly, call 911.
- Light flashes that are severe, do not fade, or affect your vision enough to worry you — call us this week.
- New or worse shortness of breath, or swelling of the legs — call us today.
- You think you might be pregnant — call us right away and do not take the next dose until we talk.
- You started a new medicine or were told to use grapefruit-containing products — call us to check for interactions.
- Chest pain or pressure — call 911.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic — Ivabradine \(Corlanor\)](#) - Patient-friendly overview of how ivabradine works, its uses, dosing, and side effects.
- [MedlinePlus — Ivabradine](#) - NIH/NLM plain-language instructions on taking ivabradine safely, including interactions and warnings.
- [American Heart Association — Heart Failure Medications](#) - AHA page placing ivabradine among the heart failure medicines.
- [Our Heart Failure \(Weak Pump\) Guide](#) - How ivabradine fits with the four main heart failure medicines.
- [Our Beta-Blockers Guide](#) - The rate-slowing partner ivabradine is added on top of.
- [Our ARNI \(Entresto\) Guide](#) - One of the four pillars of heart failure care.
- [Our SGLT2 Inhibitor Guide](#) - Another of the four pillars of heart failure care.
- [Our Inappropriate Sinus Tachycardia Guide](#) - An off-label use where ivabradine is sometimes used to slow a fast resting rate.
- [Our POTS Guide](#) - Postural tachycardia, another off-label setting where ivabradine may slow a fast sinus rate.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Cleveland Clinic — Ivabradine \(Corlanor\) \[Patient Education\]](#)
Plain-language overview of how ivabradine slows the sinus node (funny current), its use in heart failure and IST, dosing, and side effects (phosphenes).
- [MedlinePlus — Ivabradine \[Patient Education\]](#)
NIH/NLM patient drug information: indications, how to take with food, interactions, pregnancy warning, and what side effects to report.
- [American Heart Association — Medications Used to Treat Heart Failure \[Patient Education\]](#)
Frames ivabradine within guideline-directed heart-failure therapy as a heart-rate-lowering add-on for patients in sinus rhythm.
- [SHIFT Trial — Ivabradine and Outcomes in Chronic Heart Failure \(Lancet 2010\) \[Trial\]](#)
Landmark randomized trial: in HFrEF (LVEF $\leq 35\%$) patients in sinus rhythm with resting heart rate ≥ 70 bpm on maximally tolerated beta-blocker, ivabradine cut the combined risk of heart-failure hospitalization or cardiovascular death (hazard ratio 0.82).
- [FDA — CORLANOR \(ivabradine\) Prescribing Information \(DailyMed\) \[Fda Label\]](#)
Official FDA label. On-label indications: (1) adults with stable symptomatic chronic HFrEF (LVEF $\leq 35\%$), in sinus rhythm with a resting heart rate ≥ 70 bpm on a maximally tolerated beta-blocker (or beta-blocker contraindicated), to reduce hospitalization for worsening heart failure; (2) stable symptomatic heart failure from dilated cardiomyopathy in pediatric patients 6 months and older. Also documents twice-daily dosing with meals, titration by resting heart rate, and the bradycardia / atrial-fibrillation / phosphene warnings.
- [SIGNIFY Trial — Ivabradine in Stable Coronary Artery Disease without Heart Failure \(NEJM 2014\) \[Trial\]](#)
In 19,083 patients with stable CAD and NO heart failure, adding ivabradine to standard therapy did not improve the primary outcome (cardiovascular death or nonfatal MI); a secondary analysis suggested possible HARM in the subgroup with activity-limiting angina (CCS class ≥ 2). Basis for the cautious, off-label framing of angina use in the US.
- [BEAUTIFUL Trial — Ivabradine in Coronary Artery Disease with Left Ventricular Dysfunction \(Lancet 2008\) \[Trial\]](#)
In stable CAD with left ventricular dysfunction, ivabradine did not reduce the primary composite outcome overall, but a prespecified subgroup with a resting heart rate ≥ 70 bpm had fewer coronary events — early evidence for rate-lowering benefit that informed the heart-rate framing.
- [Ivabradine in Children with Dilated Cardiomyopathy and Symptomatic Chronic Heart Failure \(JACC 2017\) \[Trial\]](#)
Randomized pediatric trial (ages 6 months to 18 years) that supports the FDA pediatric indication: ivabradine safely reduced resting heart rate and improved left ventricular ejection fraction in children with dilated cardiomyopathy and symptomatic chronic heart failure.
- [2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure \[Guideline\]](#)
Class IIa recommendation: ivabradine can reduce heart-failure hospitalizations in symptomatic HFrEF (LVEF $\leq 35\%$) already on guideline therapy including a maximally tolerated beta-blocker, in sinus rhythm with a resting heart rate ≥ 70 bpm.



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- [AAFP — Ivabradine \(Corlanor\) for Heart Failure \[Review\]](#)
Primary-care review of who benefits, the add-on (not first-line) role alongside beta-blockers, and practical dosing and monitoring points.
- [StatPearls — Ivabradine \(NCBI Bookshelf\) \[Reference\]](#)
Mechanism reference: selective inhibition of the I_f 'funny current' in the sinoatrial node slows the rate without affecting heart squeeze or blood pressure; covers phosphenes, bradycardia, and atrial-fibrillation risk.



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About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed: Cleveland Clinic, MedlinePlus, AHA, and AAFP patient and clinician pages. This guide adds a plain-language mechanism comparison with beta-blockers, a who-qualifies flow figure, a sinus-rhythm-versus-AFib figure, an on-label-versus-off-label uses figure and table with a plain off-label disclaimer, and an RBA section grounded in the SHIFT and SIGNIFY trials, the FDA Corlanor label (including the pediatric indication), and the 2022 AHA/ACC/HFSA heart failure guideline.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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