NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Coverage of Lancora (Ivabradine Hydrochloride)

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

DIAGNOSTIC INFORMATION

For the treatment of adult patients with New York Heart Association (NYHA) class II or III stable chronic heart failure to reduce the incidence of cardiovascular death and hospitalization, administered in combination with standard chronic heart failure therapies, who meet all of the following criteria:

- ☐ reduced left ventricular ejection fraction (LVEF) (≤35%)
- ☐ sinus rhythm with a resting heart rate ≥77 beats per minute (bpm)*
- ☐ at least one hospitalization due to heart failure in the past year
- ☐ NYHA class II to III symptoms despite at least four weeks of optimal treatment of the following:
  - ☐ a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB); AND
  - ☐ a stable dose of a beta blocker; AND
  - ☐ an aldosterone antagonist

* Resting heart rate must be documented as ≥77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring.

CURRENT MEDICATIONS (DRUG, DOSE AND DURATION)

ACEI or ARB ______________________________

Beta-blocker ______________________________

Aldosterone antagonist ______________________________

For patients who have not received four weeks of therapy with an ACEI/ARB, beta-blocker or aldosterone antagonist due to an intolerance or contraindication, details must be provided:

____

____

PRESCRIBER NAME & ADDRESS:

LICENCE #	PRESCRIBER SIGNATURE	DATE

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1
Fax: (902) 496-4440

12/2018