

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			
<p>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:</p> <p><input type="checkbox"/> reduced left ventricular ejection fraction (LVEF) ($\leq 35\%$)</p> <p><input type="checkbox"/> sinus rhythm with a resting heart rate ≥ 77 beats per minute (bpm)*</p> <p><input type="checkbox"/> at least one hospitalization due to heart failure in the past year</p> <p><input type="checkbox"/> NYHA class II to III symptoms despite at least four weeks of optimal treatment of the following:</p> <p style="margin-left: 20px;"><input type="checkbox"/> a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB); AND</p> <p style="margin-left: 20px;"><input type="checkbox"/> a stable dose of a beta blocker; AND</p> <p style="margin-left: 20px;"><input type="checkbox"/> an aldosterone antagonist</p> <p>* 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.</p>			
CURRENT MEDICATIONS (DRUG, DOSE AND DURATION)			
<p>ACEI or ARB _____</p> <p>Beta-blocker _____</p> <p>Aldosterone antagonist _____</p> <p>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:</p> <p>_____</p> <p>_____</p>			
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