

Entresto (Sacubitril/Valsartan)

EXCEPTION DRUG STATUS (EDS) REQUEST FORM

Fax: (204) 942-2030 or 1-877-208-3588

Prescriber Name:		Fax Number:	
Prescriber Address:		Phone Number:	
		Prescriber License Number (NOT Billing Number):	
Patient First Name:	PHIN:	MHSC:	
Patient Last Name:	Patient's Date of Birth:		
Strength and Dosage Form:	Regimen:		

Exception Drug Status (EDS) approval is only granted upon demonstration that the patient meets the coverage criteria of the EDS listing. Please provide the following details about how this patient meets the specific criteria for coverage. Manitoba Health may request additional documentation to support this EDS request.

For INITIAL Requests:					
Diagnosis/Indication:	For the treatment of heart failure (HF) to reduce the incidence of cardiovascular death and HF hospitalization.				
	Other: _____				
New York Heart Association (NYHA) Class:		Date of result:			
Left ventricular ejection fraction (LVEF):		Date of result:			
Patient has NYHA symptoms despite at least four weeks of treatment with: <i>(check all that apply)</i>					
a stable dose of an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB)					
AND in combination with a beta blocker					
and an aldosterone antagonist (if tolerable) or other recommended therapies.					
Initiation and up-titration will be conducted by or under the direct guidance of a physician experienced with treatment of HF. (Note: if this request is from a family physician, please attach a copy of the referral letter from the cardiac specialist)			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
Additional Relevant Clinical Information:					

Prescriber Signature and Date:	
I have discussed with the patient that the purpose of releasing their information to Manitoba Health, Seniors and Long-Term Care is to obtain Exception Drug Status for prescription coverage.	
Date:	Prescriber Signature: