

# Lancora (Ivabradine)

## 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 stable chronic heart failure (HF) to reduce the incidence of cardiovascular mortality and hospitalizations, administered in combination with standard heart failure therapies.		
	Other: _____		
New York Heart Association (NYHA) Class:		Date of result:	
Left ventricular ejection fraction (LVEF):		Date of result:	
Resting heart rate (bpm):	Method of assessment:	On average using an ECG on at least 3 separate visits Continuous monitoring	
Please select YES or NO to the following statements:			
Patient is in sinus rhythm with a resting heart rate greater than or equal to 77 bpm.		YES	NO
Patient has NYHA symptoms despite <b>at least four weeks</b> 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)			
<b>AND in combination</b> with a beta blocker			
and (if tolerated) a mineralocorticoid receptor antagonist.			
Patient had at least one hospitalization due to heart failure last year.		YES	NO
Initiation and up-titration will be conducted by or under the direct guidance of a physician experienced with treatment of HF. <b>(Note: if this request is from a family physician, please attach a copy of the referral letter from the cardiac specialist)</b>		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: