

Date ivabradine (LANCORA™) was initiated: _____

Assessing if Patient is *Eligible* to be started on ivabradine

Major Criteria (Patient must meet all major criteria)	Data Capture for Quality Assurance																																											
<input type="checkbox"/> Age ≥ 18	PHN																																											
<input type="checkbox"/> NYHA class II-III	NYHA _____	Point of service delivery <input type="checkbox"/> Heart function clinic <input type="checkbox"/> Cardiologist <input type="checkbox"/> Internist <input type="checkbox"/> Primary care <input type="checkbox"/> GP <input type="checkbox"/> NP																																										
<input type="checkbox"/> EF ≤ 35 % (preferably measured within the last year) despite an adequate trial of triple therapy at maximally tolerated doses	EF _____ Modality _____ Date completed: _____																																											
<input type="checkbox"/> On triple therapy which includes: <ul style="list-style-type: none"> ○ Angiotensin Converting Enzyme Inhibitors [ACE-I] or Angiotensin Receptor Blocker [ARB], or Angiotensin Receptor Neprilysin Inhibitor [ARNI], ○ Beta-Blocker [BB] ○ Mineralocorticoid Receptor Antagonists [MRA] 	<p align="center">Circle the medication category and √ off % of target dose</p> <table border="1"> <thead> <tr> <th></th> <th colspan="5">% of target dose</th> </tr> <tr> <th></th> <th>0</th> <th>25</th> <th>50</th> <th>75</th> <th>100</th> </tr> </thead> <tbody> <tr> <td>BB</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ACE-I</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARB</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARNI</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MRA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			% of target dose						0	25	50	75	100	BB						ACE-I						ARB						ARNI						MRA					
	% of target dose																																											
	0	25	50	75	100																																							
BB																																												
ACE-I																																												
ARB																																												
ARNI																																												
MRA																																												
<input type="checkbox"/> eGFR ≥ 15 mL/min (done in last month)	Result: _____ Date completed: _____																																											
Must do a 12 lead ECG or Holter monitor prior to initiation of Ivabradine																																												
<input type="checkbox"/> Heart Rate ≥ 70 BPM	Result: _____																																											
<input type="checkbox"/> Sinus Rhythm	Result: <input type="checkbox"/> CRT <input type="checkbox"/> Paced <input type="checkbox"/> Other _____	<input type="checkbox"/> 12 lead ECG <input type="checkbox"/> Holter monitor Date completed: _____																																										
Minor criteria																																												
HF hospitalization within the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____																																										
Systolic Blood Pressure ≥ 90/50 mmHg	Blood pressure result _____																																											
Exclusion criteria																																												
<input type="checkbox"/> Permanent or persistent atrial fibrillation	<input type="checkbox"/> Prolonged QT interval																																											
<input type="checkbox"/> > 40 % Atrial or ventricular pacemaker dependent (except CRT)	<input type="checkbox"/> Severe hepatic impairment																																											
<input type="checkbox"/> SA node dysfunction	<input type="checkbox"/> Dialysis patients																																											
<input type="checkbox"/> Heart rate less than 70 BPM	<input type="checkbox"/> Acute coronary syndrome (< 2 months)																																											
<input type="checkbox"/> Acute heart failure	<input type="checkbox"/> Recent stroke (< 4 weeks)																																											
<input type="checkbox"/> Concomitant use of strong CYP 3A4 inhibitors (e.g., azole antifungals, macrolide antibiotics, HIV protease inhibitors, and certain antidepressant medications)	<input type="checkbox"/> Pregnancy or breastfeeding																																											

If eligible: Please indicate the dose of ivabradine the patient was initiated on

- 2.5mg (1/2 of 5mg tablet) TWICE daily (starting dose for patient over 75 years of age)
- 5mg ONE tab orally TWICE daily (recommended starting dose)
- 7.5mg ONE tab orally TWICE daily

Fax to Cardiac Services BC attention- Bonnie Catlin at 604-875-7364