

Patient label

Date:

Re:

Dear Dr.

Your patient has been started on a new heart failure medication called Ivabradine (Lancora™). The recent SHIFT trial demonstrated that compared to placebo, ivabradine reduced the risk of cardiovascular death by 18% and hospital admission by 26% among patients with chronic heart failure (HF) (NYHA Class II-IV), left ventricular ejection fraction of  $\leq 35\%$  and heart rate 70 BPM or greater.

Ivabradine has been initiated in **addition to** your patient's current guideline directed heart failure therapies.

There are specific considerations for this medication that you must be aware of:

- Ivabradine is **NOT** to be used as a first line treatment for heart failure but may be considered as an add on medication in patients already receiving optimally tolerated doses of guideline directed heart failure therapy, (including ACE-I/ARB/ARNI, Beta Blocker and MRA) who continue to experience:
  1. Heart rate  $\geq 70$  BPM identified by 12 lead ECG or 24 hour holter monitor
  2. NYHA II-III functional status
  3. LVEF  $\leq 35\%$  (preferably measured within the last year) despite a trial of optimally tolerated doses of guideline directed heart failure therapy, including for a minimum of three months.
- Patient **MUST** be in sinus rhythm prior to initiation. If patient develops AF while on ivabradine, then the medication may need to be adjusted.
- Common side effects of ivabradine include: bradycardia, visual disturbances (blurred vision, bright spots of lights, halos and flashes of colour or patterns (these symptoms typically happen in the first two months of treatment), prolonged QT. Contact the prescribing physician if these occur.
- Use caution with drugs known to inhibit CYP450 (ie. Macrolides and fluorquinolones), QT prolonging medication (ie. Antidepressants). Other examples are found on the Practical Tips Resource/Prescribing Cautions.
- We will aim to increase the dose of ivabradine, every 2 weeks based on patient heart rate.
- Heart rate/rhythm will be monitored before drug initiation, after each dose increase and with each practitioner visit.

Heart Function Clinic    Cardiology specialist,    Cardiac NP - Will be responsible for dose titration, clinical monitoring, and follow up. Once the patient is stable on optimally tolerated dose, the monitoring and follow up will be transferred to you.

Your patient has been started on the following dose

**2.5mg** (1/2 of 5mg tablet) twice a day    **5mg** one tablet twice a day    **7.5mg** one tablet twice a day

Please don't hesitate to contact me or the Heart Function Clinic with any questions regarding the above information.

Sincerely,

DR/NP Name \_\_\_\_\_

Contact phone # \_\_\_\_\_