



To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
-------------	------------

SECTION A

Please answer the following questions

- Yes No Is the diagnosis or indication to reduce the risk of hospitalization for worsening heart failure in adults with stable, symptomatic chronic heart failure (CHF) with a left ventricular ejection fraction 35% or less, who are in sinus rhythm with a resting heart rate greater than or equal to 70 beats per minute?
- Yes No Does the member have New York Heart Association (NYHA) Class II, III, or IV symptoms and is currently receiving maximally tolerated doses of beta-blockers (unless contraindicated)? *(if YES, proceed to question 4)*
- Yes No Is the diagnosis or indication for the treatment of stable symptomatic heart failure due to dilated cardiomyopathy (DCM) in pediatric patients aged 6 months and older, who are in sinus rhythm with an elevated heart rate?
- Yes No Does the patient have any of the following contraindications to ivabradine?
 - Acute decompensated heart failure.
 - Clinically significant hypotension.
 - Sick sinus syndrome, sinoatrial block or 3rd degree AV block, unless a functioning demand pacemaker is present.
 - Clinically significant bradycardia.

- Severe hepatic impairment.
- Heart rate maintained exclusively by a pacemaker.

5. Yes No Will ivabradine be used in combination with strong CYP3A4 inhibitors (for example, itraconazole, clarithromycin, nelfinavir, nefazodone, etc.)?
6. Yes No Is the prescription being written or recommended by a cardiologist?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>