

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)

Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Entresto[®] (sacubitril/valsartan)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

New Request Continuation Request

Drug product: Entresto 24-26 mg tablet
 Entresto 49-51 mg tablet
 Entresto 97-103 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have chronic New York Heart Association class II to IV heart failure
2. Must have left ventricular ejection fraction less or equal to than 40%
3. Patient is tolerating an ACEI or ARB at HIGH doses (equivalent to at least enalapril 10mg BID) for at least 4 weeks (Entresto will replace the ACEI and/or ARB, after 36 hour washout)
4. Patient is currently on spironolactone or other diuretic for at least 4 weeks AND a beta blocker at a MAXIMAL dose for at least 4 weeks (or provide clinical reasoning why a maximal dosed beta blocker is inappropriate) and has not achieved improvement functional class or has worsening symptoms.
5. Systolic BP \geq 100mmHg
6. eGFR \geq 30mL/min/1.73m²
7. No history of angioedema

For continuation, patient must have met the following requirements:

1. Must be adherent to all heart failure medications

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication

New Request
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Chronic heart failure
- Other – the patient's condition is: _____
 Rationale for use: _____

B. What NYHA functional classification of heart failure does this patient have?

- I II III IV

C. Does the patient have a reduced ejection fraction?

- Yes, the ejection fraction is _____%.
- No – rationale for use: _____

D. Is the patient currently tolerating an ACEI or ARB at HIGH doses (equivalent to at least enalapril 10mg BID) for at least 4 weeks (Entresto will replace the ACEI and/or ARB, after 36 hour washout)?

- Yes
- No – rationale for use: _____

E. Is the patient currently on spironolactone or other diuretic for at least 4 weeks without improvement in functional class or with worsening symptoms?

- Yes
- No – rationale for use: _____

F. Is the patient currently on a beta blocker at a MAXIMAL dose for at least 4 weeks without improvement in functional class or with worsening symptoms?

- Yes
- No. *What is the clinical reason why a maximally dosed beta blocker is not appropriate?* _____

G. Systolic BP \geq 100mgHg?

- Yes
- No – rationale for use: _____

H. Does the patient have an eGFR \geq 30mL/min/1.73m² ?

- Yes
- No – rationale for use: _____

I. History of angioedema?

- No
- Yes – rationale for use: _____

Continuation request
Priority Health Precertification Documentation

A. Has the patient been adherent to all heart failure medications (e.g., beta blocker, diuretic, Entresto)?

- Yes
- No – rationale for use: _____

Additional information

Note: When approved, the quantity of Entresto is limited to 60 tablets every 30 days.

Comparison of ACCF/AHA Stages of HF and NYHA Functional Classifications.⁹

ACCF/AHA HF Stage	ACCF/AHA Definition	NYHA Functional Class	NYHA Functional Class Definition
A	At high risk of HF but without structural heart disease or symptoms of HF.	None	---
B	Structural heart disease but without signs or symptoms of HF.	I	No limitation of physical activity. Ordinary physical activity does not cause symptoms of HF.
C	Structural heart disease with prior or current symptoms of HF.	I	No limitation of physical activity. Ordinary physical activity does not cause symptoms of HF.
	---	II	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in symptoms of HF.
	---	III	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms of HF.
	---	IV	Unable to carry on any physical activity without symptoms of HF, or symptoms of HF at rest.
D	Refractory HF requiring specialized interventions.	IV	Unable to carry on any physical activity without symptoms of HF, or symptoms of HF at rest.

ACCF – American College of Cardiology Foundation; AHA – American Heart Association; HF – Heart failure; NYHA – New York Heart Association; --- – Not applicable.