PriorityHealth

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 than or equal to 35%
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 tolerated dose for at least 4 weeks (or provide clinical reasoning as to why a maximal dosed beta blocker is inappropriate) and has not achieved improvement functional class or has worsening symptoms.
5. Systolic BP ≥ 100mmHg
6. eGFR ≥ 30mL/min/1.73m^2
7. No history of angioedema or severe hepatic impairment (Child Pugh Class C)

For continuation, patient must have met the following requirements:

1. Must be adherent to all heart failure medications

Note: Authorization for indications, dosing, or a route of administration 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 appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 09/2018

Last reviewed 09/2018

PriorityHealth

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 ≥ 100mgHg?
- ☐ Yes
- ☐ No – rationale for use: _____

H. Does the patient have an eGFR ≥ 30mL/min/1.73m^2?
- ☐ Yes
- ☐ No – rationale for use: _____

I. History of angioedema?
- ☐ No
- ☐ Yes – rationale for use: _____

J. Severe hepatic impairment (Child Pugh Class C)?
- ☐ 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: _____

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Last reviewed 09/2018

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.

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Last reviewed 09/2018