

PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)	ENTRESTO (sacubitril and valsartan)
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Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

COVERAGE CRITERIA

Entresto will be covered with prior authorization when the following criteria are met:

- The patient does NOT have any of the following: a history of angioedema related to previous ACE inhibitor or ARB therapy; concomitant use of ACE inhibitors or ARBs; concomitant use of aliskiren in a patient with diabetes; pregnancy.
AND
- The patient has the diagnosis of chronic heart failure (NYHA Class II-IV) and reduced ejection fraction less than or equal to 40 %.

REFERENCES

1. Assurant Health Prior Authorization Approval Policy.