

**Generic Name:** Sacubitril/Valsartan

**Therapeutic Class or Brand Name:** Entresto®

**Applicable Drugs (if Therapeutic Class):**

Cardiovascular Agents

**GPI Code:** 409920026003

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 6/7/2021

**Date Last Reviewed / Revised:** N/A

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I - IV are met)

- I. Documented diagnosis of symptomatic chronic heart failure of NYHA (New York Heart Association) Class II-IV.
- II. Left ventricular ejection fraction less than 40%.
- III. Currently receiving a beta blocker for heart failure (e.g., metoprolol succinate, carvedilol, bisoprolol) or documentation of clinically significant intolerance or contraindication to beta blocker therapy.
- IV. Age  $\geq$  1 years old

## EXCLUSION CRITERIA

- Patients with concomitant use of an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB).
- History of angioedema with ACE inhibitor or ARB therapy
- Patients with diabetes who are taking aliskiren (Tekturna®)
- Pregnancy

## OTHER CRITERIA

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- 24/26 mg; 49/51 mg; 97/103 mg tablets: Up to 30-day supply.

## APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

## APPENDIX

- N/A

## REFERENCES

1. Entresto® (Sacubitril/valsartan) [package insert]: Novartis Pharmaceuticals Corporation East Hanover, New Jersey 07936.; Feb 2021. Available at: <https://www.novartis.us/sites/www.novartis.us/files/entresto.pdf>
2. Medispan.
3. Solomon SD, McMurray JJV, Anand IS, et al. Angiotensin-neprilysin inhibition in heart failure with preserved ejection fraction. *N Engl J Med.* 2019;381(17):1609-1620.
4. Velazquez EJ, Morrow DA, DeVore AD, et al. Angiotensin-neprilysin inhibition in acute decompensated heart failure. *N Engl J Med.* 2019;380(6):539-548.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.