



Drug Name: Entresto (sacubitril/valsartan)

Date: 03-2017

Revised Date: 7/2018

Drug Name:	Entresto (sacubitril/valsartan)
Prescriber Restrictions:	Medication is prescribed by a Cardiologist
Exclusion Criteria:	<ul style="list-style-type: none"> • Patient is pregnant; or • Patient has a potassium level >5.2 mmol/L; or • Patient has a documented eGFR ≤ 30 ml/min; or • Patient has a systolic blood pressure ≤95 mmHg; or • Patient has a past history of angioedema; or • Patient is on aliskiren (Tekturna) or any combination thereof; or • Entresto is being used in combination with ACE-I or ARB.
Required Medical Information:	<ul style="list-style-type: none"> • Member is diagnosed with chronic heart failure (NYHA Class II, III or IV); and • Member has reduced left ventricular ejection fraction (LVEF) less than or equal to 40 %; and • Member has failed prior treatment with either an ACE-I or ARB therapy alone; and • Member is currently treated with other heart failure therapies (e.g. beta blockers, diuretics) and continues to require additional control.
Note(s):	<ul style="list-style-type: none"> • Members currently on Entresto with high potassium and/or low eGFS must be monitored closely for potassium and creatinine levels. • Failure of an ACE-I or ARB is defined by persisting symptoms and /or hospitalizations.
Coverage duration:	12 months