Sacubitril/Valsarten (Entresto) PA Criteria

1. Is the patient being treated for an OHP funded condition?
   a. If Yes, go to question #2
   b. If No, Review documentation for relevant comorbid conditions that are funded by OHP. If there are relevant comorbid conditions, move to question #2. If there are no relevant comorbid conditions, Cat 1 denial.
   Cat 1: Not a covered benefit. Provider submitted diagnosis code is not for an OHP funded condition. No relevant comorbid conditions found in the provider submitted documentation.

2. Is patient under the care of a cardiologist?
   a. If Yes, go to question #3
   b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat 5 denial)

3. Does the patient have a diagnosis of NY Heart Association Class II or III heart failure AND reduced ejection fraction (<40%)
   a. If Yes, go to question #4
   b. If No, Cat 3 denial
   Cat 3: Not a covered benefit. Entresto is only FDA approved for reduction of risk of cardiac death in patients with NY Heart Association Class II or III heart failure AND reduced ejection fraction (<40%) in place of ACE inhibitor or ARB

4. Has member tolerated minimum daily dose of ARB or ACE inhibitor (i.e. no history of angioedema) with proven mortality benefit for at least 30 days?

ACE Inhibitor	ARB
Captopril 50 mg TID	Candesarten 32 mg daily
Enalapril 10-20 mg BID	Valsarten 160 mg BID
Lisinopril 20-35 mg daily	Losarten 150 mg daily
Ramipril 5 mg BID	
Trandolapril 4 mg daily	

   a. If Yes, go to question #5
   b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat 5 denial)

5. Is member currently on maximally tolerated dose of carvediolol, metoprolol succinate or bisoprolol or have documented intolerance? (Beta blockers with evidence of mortality reduction in heart failure at target doses listed below).

   Beta blockers with proven mortality reduction –
   Bisoprolol – 10 mg daily
   Carvedilol – 25-50 mg twice daily
   Metoprolol succinate (XL) – 200 mg daily
   a. If Yes, move to question #6
   b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat 5 denial)

6. Does member have 80% or better adherence to cardiac medications
   a. If Yes, approve for 60 day trial
   b. If No, forward to Medical director to assess medical appropriateness (Possible Cat 5 denial)

Renewal Criteria

1. Is member taking Entresto at target dose of 97/103 mg twice daily?
   a. If Yes, Approve for 6 months
   b. If No, go to question #2

2. Is there a clinical reason medication has not been titrated to the target dose?
   a. If Yes, Approve for 60 days, PA necessary every 60 days until target dose is achieved
   b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat 5 denial)

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted