



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1167-6
Program	Prior Authorization/Notification
Medication	Entresto (valsartan-sacubitril)
P&T Approval Date	5/2015, 6/2016, 6/2017, 6/2018
Effective Date	9/1/2018; Oxford Only: N/A

1. Background:

Entresto (valsartan-sacubitril) is indicated to reduce the risk of cardiovascular death and hospitalization for heart failure patients with chronic heart failure and reduced ejection fraction.

2. Coverage Criteria:

A. Initial Authorization

1. **Entresto** will be approved based on **all** of the following:
 - a. Diagnosis of heart failure (with or without hypertension)
 - b. Ejection fraction is less than or equal to 40 percent
 - c. Heart failure is classified as one of the following:
 - (1) New York Heart Association Class II
 - (2) New York Heart Association Class III
 - (3) New York Heart Association Class IV

Authorization will be issued for 12 months.

B. Reauthorization

1. **Entresto** will be approved based on the following criterion:
 - a. Documentation of positive clinical response to therapy

Authorization will be issued for 24 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply Limits may be in place.

4. References:

1. Entresto Prescribing Information. Novartis Pharmaceuticals Corporation. East Hanover, NJ. November 2017.

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Change Control	
5/2015	New program.
10/2015	Administrative change to adjust program number.
6/2016	Updated reference.
6/2017	Annual review. No changes.
6/2018	Annual review. Updated reauthorization approval time period.
12/2018	Administrative change to add statement regarding use of automated processes.