



Drug Name: Entresto (sacubitril/valsartan)

Effective Date: 03/1/2017

Revised Date: 5/2019, 4/2020

Drug Name: Entresto (sacubitril/valsartan)	
Required Medical Information:	<ul style="list-style-type: none">• Member is diagnosed with chronic heart failure (NYHA Class II, III or IV) and has reduced left ventricular ejection fraction (LVEF) less than or equal to 40 %; OR• The requested drug is being prescribed for the treatment of symptomatic heart failure with systemic left ventricular dysfunction in a pediatric patient one year of age or older; AND• The drug is being prescribed by or in consultation with a cardiologist or a specialist in cardiac care; AND• Member has tolerated either an ACE-I or ARB therapy alone
Coverage duration:	12 months