Mass General Brigham
Health Plan

Entresto (sacubitril and valsartan)
Effective 11/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview

Entresto (sacubitril/valsartan) is a neprilisin inhibitor/angiotensin II receptor blocker combination product indicated for:

1. **Adult Chronic Heart Failure:** reduce the risk of cardiovascular death and hospitalization for heart failure in adult patients with chronic heart failure. Benefits are most clearly evident in patients with left ventricular ejection fraction (LVEF) below normal.
2. **Pediatric Heart Failure:** symptomatic heart failure with systemic left ventricular systolic dysfunction in pediatric patients aged one year and older. Entresto reduces NT-proBNP and is expected to improve cardiovascular outcomes.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has one of the following diagnoses:
    a. Chronic heart failure
    b. Pediatric heart failure with left ventricular dysfunction that is symptomatic

Limitations

1. Approvals will be granted for:
    a. 12 months for members under 18 years of age
    b. 36 months for members 18 years of age or older

References

1. Entresto (sacubitril/valsartan) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2024.
2. Heidenreich PA, Bozkurt B, Aguilar D et. al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2022; 79:e263-e421.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024
09/11/2024 – Reviewed and updated at September P&T. Updated criteria to require FDA-approved diagnoses. Effective 11/1/2024.