UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1167-15
Program	Prior Authorization/Notification
Medication	Entresto® (valsartan-sacubitril)
P&T Approval Date	5/2015, 6/2016, 6/2017, 6/2018, 6/2019, 11/2019, 4/2020, 4/2021, 4/2022, 4/2023, 4/2024, 5/2025, 6/2026
Effective Date	9/1/2026

1. Background:

Entresto (valsartan-sacubitril) is indicated to reduce the risk of cardiovascular death and hospitalization for heart failure patients with chronic heart failure. Benefits are most clearly evident in patients with left ventricular ejection fraction (LVEF) below normal. It is also indicated for the treatment of symptomatic heart failure with systemic left ventricular systolic dysfunction in pediatric patients aged one year and older.

2. Coverage Criteria[a]:

A. **Authorization**

1. **Entresto** will be approved based on **one** of the following:

   a. Diagnosis of chronic adult heart failure

   -OR-

   b. Diagnosis of pediatric heart failure with systemic left ventricular systolic dysfunction which is symptomatic.

   Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

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 [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2024.

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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.
6/2019	Annual review. Removed reauthorization criteria.
11/2019	Added criteria for coverage of pediatric heart failure. Updated references.
4/2020	Administrative update to remove “initial” from authorization criteria.
4/2021	Updated to remove heart failure classification and ejection fraction requirements based on updated labeling.
4/2022	Annual review with no changes.
4/2023	Annual review. Added state mandate footnote.
4/2024	Annual review with no changes.
5/2025	Annual review. Updated references.
6/2026	Annual review with no changes.

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