

ENTRESTO (sacubitril/valsartan)

Diagnosis Considered for Coverage:

- Symptomatic chronic heart failure

Coverage Criteria:

For diagnosis listed above:

- Patient has NYHA Class II-IV systolic heart failure with left ventricular ejection fraction (LVEF) \leq 40%, **and**
- Not being used in combination with either an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: Length of benefit

Effective: 12/01/2020GF