

North Carolina Department of Health and Human Services
Division of Medical Assistance
Entresto PA Request Form

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Recipient Gender: _____

Prescriber Information

6. Prescribing Provider NPI#: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext: _____

Drug Information

8. Med requested: **ENTRESTO** 9a. Strength _____ 9b. Quantity per 30 days _____ 9c. Duration _____

10. Does the beneficiary have a diagnosis of chronic heart failure (NYHA class II-IV) with a left ventricular ejection fraction (EF) less than or equal to 40%? **YES** ___ **NO** ___ List ejection fraction _____

11. Does the beneficiary have a history of angioedema related to therapy with an ACE inhibitor or ARB?
YES ___ **NO** ___

12a. Is the beneficiary currently taking an ACE inhibitor or ARB? **YES** ___ **NO** ___

12b. If the beneficiary is currently taking an ACE inhibitor or ARB, will Entresto replace that current therapy? **YES** ___ **NO** ___ **N/A** _____

13a. Does the beneficiary have diabetes? **YES** ___ **NO** ___

13b. If the beneficiary has diabetes, is the beneficiary taking a medication containing aliskiren (e.g. Tekturna or Tekturna HCT)? **YES** ___ **NO** ___ **N/A** _____

For reauthorization, please answer question 14

14. Is documentation attached to this request that indicates the beneficiary is receiving clinical benefit from Entresto such as stabilization of symptoms, improvement or stability of EF, or a reduction in hospitalizations? **YES** ___ **NO** ___ **N/A** _____

Signature of Prescriber: _____ Date: _____

(Prescriber signature mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to CSRA at: (855) 710-1969 Pharmacy PA Call Center: (866) 246-8505