# Entresto® (sacubitril/valsartan)

**Medication Request Form (MRF)** for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW)

**FAX TO: (858) 790-7100**

**c/o MedImpact Healthcare Systems, Inc.**

Attn: Prior Authorization Department
10181 Scripps Gateway Court, San Diego, CA 92131 - Phone: 1-844-336-2677

**Instructions:**

This form is to be used by participating providers to obtain coverage for the drug listed above which requires *prior authorization*. Please complete this form and fax it to *MedImpact* Healthcare Systems, Inc. at (858) 790-7100. If you have any questions regarding this process, please contact Med*Impact*'s Customer Service at (844) 336-2677.

**Member/Provider Information:**

| | |
|---|---|
| **MDwise Member's Name:** | **Provider's Name:** |
| **MDwise Member's ID #:** | **Provider's Specialty:** |
| **MDwise Member's DOB (mm-dd-yy):** | **Provider's DEA #:** \| **Provider's NPI #:** |
| **Pharmacy used by MDwise Member:** | **Provider's Telephone Number/Contact Name (xxx-xxx-xxxx):** |
| **Pharmacy Telephone Number (xxx-xxx-xxxx):** | **Provider's Fax Number (xxx-xxx-xxxx):** |

**Clinical Information:**

| | |
|---|---|
| **Requested Drug:** ☐ **Entresto®** | |
| **Dose and Quantity Requested:** | |
| **Date Requested:** | **Length of Treatment** (please be specific)**:** |

**Documentation of Medical Necessity:**

Does the patient have a diagnosis of heart failure? ☐ Yes ☐ No

If yes, what is the patient's New York Heart Association (NYHA) Functional Class? _____

AND

What is the patient's left ventricular ejection fraction? _____

AND

Has the patient previously been treated with an ACE inhibitor (e.g., benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandalopril) or an ARB (e.g., olmesartan, valsartan, azilsartan, candesartan, eprosartan, irbesartan, losartan, telmisartan)?

If yes, please list the medication and dates of prior therapy _____

AND

Has the patient experienced angioedema related to prior ACE inhibitor or ARB therapy? ☐ Yes ☐ No

AND

If the patient is currently taking an ACE inhibitor or an ARB, will it be discontinued prior to starting Entresto? ☐ Yes ☐ No

AND

Has this treatment been prescribed by or in consultation with a cardiologist? ☐ Yes ☐ No