



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Entresto (sacubitril-valsartan) 46

Phone: 1-800-555-2546 Fax to: 1-877-486-2621

Humana manages the pharmacy drug benefit for your patient. Certain requests for prior authorization require additional information from the prescriber. Please provide the following information and fax this form to the number listed above. Information left blank or illegible may delay the review process.

For Medicare Private-Fee-For-Service members, prior authorization is not required for medications covered under Part B. The information below is needed for a Part B versus Part D determination for these members.

Form with two columns: Patient name (Member/subscriber number, Patient date of birth, Group number, Address, City, state, ZIP) and Prescriber name (Fax, Phone, Office contact, NPI, Tax ID, Address, City, state, ZIP, Specialty/facility name).

Form with two columns: Drug name, Directions/SIG, Quantity and a checkbox for Expedited/exigent/urgent with a detailed explanatory text.

Is this a proactive request for a new plan year? Yes ___ No ___ If yes, please provide plan year: _____

(Please note: All reviews will be processed with generic equivalents for brand drugs whenever possible.)

Please attach pertinent medical history or information for this patient that may support approval and sign this form.

Form with eight questions (Q1-Q8) regarding diagnosis, J-Code, ICD Diagnostic Codes, reauthorization, and patient history.



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Patient Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q9. Does the patient have left ventricular ejection fraction less than or equal to 40%?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q10. Was Entresto prescribed by or in consultation with a cardiologist or a cardiac care specialist?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q11. Please provide previous therapies used with start/end dates and reason for discontinuing drug(s) that would be pertinent to the review of the drug requested:	

Prescriber signature

Date

I declare under penalty of perjury under the laws of the United States of America that the information provided is true and correct. This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately. 2198ALL1115-B