Horizon NJ Health

Entresto – Medical Necessity Request

1. Does the member have heart failure?
   □ Yes
   □ No - What is the member’s diagnosis? ____________________________

2. Is the member’s heart failure acute or chronic?
   □ Acute
   □ Chronic

3. What New York Heart Association Heart failure class does the member have?
   □ Class I
   □ Class II
   □ Class III
   □ Class IV

4. Does the member have reduced ejection fraction?
   □ Yes
   □ No

5. Please provide any other relevant clinical information:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

*Form must be completed and signed by physician or licensed representative from the physician’s office