# **Announcement - Letter Distribution Error: Medication Entresto**

[Impacted Formularies](#_Toc206477103)

[Key Points](#_Toc206477104)

[Agent Actions](#_Toc206477105)

[Related Documents](#_Toc206477106)

**Effective date:** August 1, 2025

|  |
| --- |
| **Impacted Formularies** |

* Value Formulary
* Value Formulary – Chart

[Top of the Document](#_top)

|  |
| --- |
| **Key Points** |

On July 31, 2025, a formulary change took place allowing multiple generic versions of Entresto to be available. Brand Entresto and its generics will be included on Value Formulary and Value Formulary – Chart, allowing members to choose lower-cost options.

On 08/01/2025 a letter was sent about the formulary change. Some members incorrectly received a letter stating Entresto would no longer be covered as of 10/01/2025.

**Entresto will remain a covered medication.**



[Top of the Document](#_top)

|  |
| --- |
| **Agent Actions** |

Perform the following steps:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Run a test claim before providing coverage details to ensure accurate information is communicated to members regarding plan benefits. Refer to [Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe). |
| **2** | Review the CIF for plan specific details. |

[Top of the Document](#_top)

|  |
| --- |
| **Related Documents** |

[CVS Caremark Formulary Drug List Index (116624)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5ec5253-d3a9-42d5-aeff-6656b12c8dfb)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**