PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

VERQUVO
(vericiguat)

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS
Verquvo is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.

COVERAGE CRITERIA

Chronic Heart Failure
Authorization may be granted when the requested drug is being prescribed to reduce the risk of cardiovascular death and heart failure hospitalization in an adult patient with symptomatic chronic heart failure when ALL of the following criteria are met:

- The patient has a left ventricular ejection fraction (LVEF) less than 45 percent. [ACTION REQUIRED: Documentation is required for approval.]
- The patient is currently receiving optimal therapy for heart failure management (e.g., angiotensin-converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB], angiotensin receptor-neprilysin inhibitor [ARNI], beta-blocker, sodium-glucose co-transporter-2 inhibitor [SGLT2I], mineralocorticoid receptor antagonist [MRA])
- The patient has had ANY of the following:
  - The patient has had hospitalization for heart failure within the past 6 months
  - The patient has had use of outpatient intravenous (IV) diuretics for heart failure within the past 3 months

CONTINUATION OF THERAPY

Chronic Heart Failure
Authorization may be granted when the requested drug is being prescribed to reduce the risk of cardiovascular death and heart failure hospitalization in an adult patient with symptomatic chronic heart failure when ALL of the following criteria are met:

- The patient has a left ventricular ejection fraction (LVEF) less than 45 percent. [ACTION REQUIRED: Documentation is required for approval.]
- The patient is currently receiving optimal therapy for heart failure management (e.g., angiotensin-converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB], angiotensin receptor-neprilysin inhibitor [ARNI], beta-blocker, sodium-glucose co-transporter-2 inhibitor [SGLT2I], mineralocorticoid receptor antagonist [MRA])

DURATION OF APPROVAL (DOA):

- 4446-A: DOA: 12 months

REFERENCES

Verquvo PA Policy UDR 05-2024.docx

1. Verquvo [package insert]. Rahway, NJ: Merck Sharp & Dohme Corp.; July 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed April 12, 2024.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/12/2024).
4. Heidenreich PA, Bozkurt B, Aguilar D et. al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2022; 79:e263-e421.