

Generic Name: Vericiguat

Applicable Drugs: Verquvo®

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/27/2021

Date Last Reviewed / Revised: 1/31/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

- I. Documented diagnosis of chronic heart failure (CHF) of NYHA (New York Heart Association) Class II-IV and meets criteria A through D:
 - A. Documented symptomatic CHF following a heart failure hospitalization OR need for outpatient IV diuretics.
 - B. Documented ejection fraction < 45%.
 - C. Documented elevated natriuretic peptide (NP) level (BNP ≥ 300 pg/mL or NT-pro BNP ≥ 1000 pg/ mL).
 - D. Documented current and adherent use of heart failure reduced ejection fraction (HFrEF) medications (refer to table 1 in Appendix) in ALL drug categories (i, ii, iii, and iv) at maximally tolerated doses unless documented clinically significant intolerance/contraindication:
 - i. Angiotensin receptor neprilysin inhibitor (ARNi), angiotensin-converting enzyme inhibitor (ACEi), OR angiotensin receptor blocker (ARB)
 - ii. Beta blockers
 - iii. Mineralocorticoid receptor antagonists
 - iv. SGLT2 inhibitors
- II. Age ≥ 18 years old.
- III. Prescribed by or in consultation with a cardiologist.
- IV. Medication is prescribed in accordance with FDA labeling or current clinical practice guidelines.
- V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Concomitant use of other soluble guanylate cyclase (sGC) stimulators (e.g., riociguat).

- Pregnancy

OTHER CRITERIA

- Adherence is defined as a proportion of days covered (PDC) of at least 75% over the previous 6 months.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 30 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

Table 1. Heart failure reduced ejection fraction (HFrEF) guideline-directed therapy and doses²

Drug Class	Drug	Initial Dose	Target Dose
ACEi	Captopril	6.25 mg TID	50 mg TID
	Enalapril	2.5 mg BID	10 to 20 mg BID
	Fosinopril	5 to 10 mg QD	40 mg QD
	Lisinopril	2.5 to 5 mg QD	20 to 40 mg QD
	Perindopril	2 mg QD	8 to 16 mg QD
	Quinapril	5 mg BID	20 mg BID
	Ramipril	1.25 to 2.5 mg QD	10 mg QD
	Trandolapril	1 mg QD	4 mg QD
ARB	Candesartan	4 to 8 mg QD	32 mg QD
	Losartan	25 to 50 mg QD	50 to 150 mg QD
	Valsartan	20 to 40 mg QD	160 mg BID
ARNi	Sacubitril-valsartan	24 mg sacubitril/26 mg valsartan to 49 mg sacubitril and 51 mg valsartan BID	97 mg sacubitril/103 mg valsartan BID
Beta blockers	Bisoprolol	1.25 mg QD	10 mg QD
	Carvedilol	3.125 mg BID	25 to 50 mg BID
	Carvedilol CR	10 mg QD	80 mg QD
	Metoprolol succinate extended release	12.5 to 25 mg QD	200 mg QD
MRA	Spironolactone	12.5 to 25 mg QD	25 to 50 mg QD
	Eplerenone	25 mg QD	50 mg QD
SGLT2i	Dapagliflozin	10 mg QD	10 mg QD

	Empagliflozin	10 mg QD	10 mg QD
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Abbreviations: Angiotensin-converting enzyme inhibitor, ACEi; angiotensin receptor blocker, ARB; angiotensin receptor neprilysin inhibitor, ARNi; twice daily, BID; mineralocorticoid receptor antagonist, MRA; once daily, QD; sodium glucose cotransporter 2 inhibitor, SGLT2i; three times daily, TID.

REFERENCES

1. Verquvo. Prescribing information. Merck Sharp & Dohme, LLC; 2023. Accessed January 31, 2024. https://www.merck.com/product/usa/pi_circulars/v/verquvo/verquvo_pi.pdf
2. 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(17):e263-e421. doi: 10.1016/j.jacc.2021.12.012
3. Armstrong PW, Pieske B, Anstrom KJ, et al. VICTORIA Study Group. Vericiguat in Patients with Heart Failure and Reduced Ejection Fraction. *N Engl J Med.* 2020;382(20):1883-1893. doi: 10.1056/NEJMoa1915928

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.