

Generic Name: Vericiguat

Therapeutic Class or Brand Name: Verquvo®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 409000850003

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/18/2021

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I - III are met)

- I. Documented diagnosis of chronic heart failure of NYHA (New York Heart Association) Class II-IV with reduced ejection fraction:
 - A. Left ventricular ejection fraction < 45%.
 - B. Following a hospitalization for heart failure or need for outpatient IV diuretics.
 - C. Administered in conjunction with other heart failure therapies (beta blockers, renin-angiotensin system inhibitors, SGLT2 inhibitors, aldosterone antagonists, and loop diuretics)
- II. Age ≥ 18 years old.
- III. Prescribed by or in consultation with a cardiologist.

EXCLUSION CRITERIA

- Patients with concomitant use of other soluble guanylate cyclase (sGC) stimulators.
- Symptomatic hypotension or systolic blood pressure <100 mmHg.
- Estimated glomerular filtration rate <15 mL/min/1.73 m² or chronic dialysis.
- Interstitial lung disease.
- Pregnancy

OTHER CRITERIA

- Avoid concomitant use of Phosphodiesterase 5 Inhibitors: Vericiguat may enhance the hypotensive effect of Phosphodiesterase 5 Inhibitors, and long-acting nitrates.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 2.5 mg, 5 mg and 10 mg tablets: Up to 30-day supply.

APPROVAL LENGTH

- **Authorization:** 1 year.

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

APPENDIX

- N/A

REFERENCES

1. Vequvo[®] (vericiguat) [package insert]. Whitehouse Station, NJ, Merck Sharp & Dohme Corp.; Jan 2021. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/214377s000lbl.pdf
2. Medispan.
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. 2020a;382(20):1883-1893.

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.