UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2024 P 2239-4 |
| Program | Prior Authorization/Medical Necessity |
| Medication | Verquvo® (vericiguat) |
| P&T Approval Date | 6/2021, 11/2021, 12/2022, 2/2024 |
| Effective Date | 5/1/2024 |

**1. Background:**

Verquvo (vericiguat) is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or the need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%. Verquvo has a boxed warning for embryo-fetal toxicity and should not be used during pregnancy.

**2. Coverage Criteria:**

A. **Initial Therapy**

1. **Verquvo** will be approved based on **all** the following criteria:

a. Diagnosis of heart failure

**-AND-**

b. Ejection fraction is less than 45 percent

**-AND-**

c. Heart failure is classified as one of the following:

(1) New York Heart Association Class II
(2) New York Heart Association Class III
(3) New York Heart Association Class IV

**-AND-**

d. **One** of the following:

(1) Hospitalization for heart failure within the past six months
(2) Outpatient IV diuretics for heart failure within the past three months

**-AND-**

e. **One** of the following:

(1) Patient is on a stabilized dose and receiving concomitant therapy with a maximally tolerated beta-blocker (e.g. bisoprolol, carvedilol, metoprolol)
(2) Patient has a contraindication or intolerance to beta-blocker therapy

**-AND-**

f. **One** of the following:

(1) Patient is on a stabilized dose and receiving concomitant therapy with one of the following:

(a) angiotensin converting enzyme (ACE) inhibitor (e.g. captopril, enalapril)
(b) angiotensin II receptor blocker (ARB) (e.g. candesartan, valsartan)
(c) angiotensin receptor-neprilysin inhibitor (ARNI) (e.g. Entresto)

**-OR-**

(2) Patient has an allergy, contraindication, or intolerance to ACE inhibitors, ARBs, and ARNIs.

**-AND-**

g. **One** of the following:

(1) Patient is on a stabilized dose and receiving concomitant therapy with a maximally tolerated aldosterone antagonist (e.g. eplerenone, spironolactone)
(2) Patient has a contraindication or intolerance to aldosterone antagonist therapy

**-AND-**

h. **One** of the following:

(1) Patient is on a stabilized dose and receiving concomitant therapy with Jardiance or Farxiga* (includes combination products containing empagliflozin or dapagliflozin*)
(2) Patient has a contraindication or intolerance to SGLT2 inhibitor therapy

**-AND-**

i. Verquvo is prescribed by or in consultation with a cardiologist

**Authorization will be issued for 12 months**

B. **Reauthorization**

1. **Verquvo** will be approved based on the following criterion:

a. Documentation of positive clinical response to therapy

**Authorization will be issued for 12 months**

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply Limits may be in place.
- *Typically excluded from coverage

**4. References:**

1. Verquvo [package insert]. Rahway, NJ: Merck & Co., Inc; July 2023.
2. Heidenreich, P. A., Bozkurt, B., Aguilar, D., et al. 2022 ACC/AHA/HFSA guideline for the management of heart failure. *Journal of Cardiac Failure*, 2022 28(5), e1-e167.
3. Maddox TM, Januzzi JL Jr., Allen LA, Breathett K, Butler J, Davis LL, Fonarow GC, Ibrahim NE, Lindenfeld J, Masoudi FA, Motiwala SR, Oliveros E, Patterson JH, Walsh MN, Wasserman A, Yancy CW, Youmans QR. 2021 update to the 2017 ACC expert consensus decision pathway for optimization of heart failure treatment: answers to 10 pivotal issues about heart failure with reduced ejection fraction: a report of the American College of Cardiology Solution Set Oversight Committee. J Am Coll Cardiol 2021;77:772–810.

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| **Change Control** | |
| 6/2021 | New program. |
| 11/2021 | Updated SGLT2 inhibitor requirement to include Jardiance and Farxiga. |
| 12/2022 | Annual review. Updated references. |
| 2/2024 | Annual review. Updated references. |