



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1362-1
Program	Prior Authorization/Notification
Medication	Verquvo (vericiguat)
P&T Approval Date	7/2021
Effective Date	10/1/2021; Oxford only: 10/1/2021

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

<p>1. Verquvo will be approved based on all the following criteria:</p> <p>a. Diagnosis of symptomatic heart failure</p> <p style="text-align: center;">-AND-</p> <p>b. Ejection fraction is less than 45 percent</p> <p style="text-align: center;">-AND-</p> <p>c. Heart failure is classified as one of the following:</p> <p>(1) New York Heart Association Class II (2) New York Heart Association Class III (3) New York Heart Association Class IV</p> <p style="text-align: center;">-AND-</p> <p>d. One of the following:</p> <p>(1) Hospitalization for heart failure within the past six months (2) Outpatient IV diuretics for heart failure within the past three months</p> <p>Authorization will be issued for 12 months</p>

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.

4. References:

1. Verquvo [package insert]. Whitehouse Station, NJ: Merck & Co., Inc; January 2021.

Program	Prior Authorization/Notification – Verquvo
Change Control	
Date	Change
7/2021	New program