ALASKA MEDICAID
Prior Authorization Criteria

Verquvo™ (vericiguat)

FDA INDICATIONS AND USAGE[1]

Verquvo™ is a soluble guanylate cyclase (sGC) stimulator, 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%.

APPROVAL CRITERIA[1,2,3]

1. Patient is 18 years of age or older **AND**;
2. Prescribed by or in consultation with a cardiologist or nephrologist **AND**;
3. Patient has a diagnosis of heart failure classified as New York Heart Association Class II,III, or IV **AND**;
4. Patient has an ejection fraction less than 45 percent **AND**;
5. Patient has experienced a heart failure hospitalization with in the last 6 months or has required intravenous outpatient diuretics within the last 3 months **AND**;
6. Patient will be taking Verquvo™ in combination with the following:
    a. Entresto (sacubitril/valsartan), angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) unless contraindicated or not tolerated; **AND**
    b. Beta-blocker (bisoprolol, carvedilol, metoprolol succinate) unless contraindicated or not tolerated.

DENIAL CRITERIA[1]

1. Failure to meet approval criteria **OR**;
2. Patient is pregnant **OR**;
3. Patient is using another soluble guanylate cyclase (sGC) stimulator concomitantly **OR**;
4. Patient is taking a PDE-5 inhibitor **OR**;
5. Dose exceeds 10mg per day.

CAUTIONS[1]

- Medication has not been studied in patients with end-stage-renal disease or hepatic insufficiency.
- Breast feeding is not recommended while taking Verquvo™.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months if the prescriber documents positive clinical response to therapy.

QUANTITY LIMIT

- 30 tablets per 30 days (2.5mg, 5mg, and 10mg strengths)

REFERENCES / FOOTNOTES:

1. Verquvo™ [package insert]. Whitehouse Station, NJ: Merck & Co., Inc; January 2021.
2. Yancy CW, Jessup M, Bozkurt B, et al. 2017 ACC/AHA/HFSA focused update of the 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. Circulation. 2017;136(6):e137-e161
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.