Verquvo (Vericiguat)
Effective 01/01/2022

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Verquvo is approved to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following HF hospitalization or use of outpatient diuretics in adults with symptomatic chronic HF with reduced ejection fraction
less than 45%.

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Verquvo excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has a diagnosis of chronic heart failure NYHA Class II to IV
2. The member has left ventricular ejection fraction (LVEF) < 45%
3. The member is ≥ 18 years of age
4. One of the following:
    a. The member has had a hospitalization related to HF within the last six months
    b. The member has received outpatient IV diuretic therapy for HF within the last three months
5. The prescriber is a cardiologist or consultation notes from a cardiologist regarding the diagnosis and treatment recommendations are provided
6. One of the following:

a. The member has remained symptomatic despite receiving standard of care therapy for HF (see Appendix A) with angiotensin-converting enzyme inhibitor [ACEI], angiotensin II receptor blocker [ARB], angiotensin receptor-neprilysin inhibitor [ARNI] in combination with a β-blocker
b. Clinical rationale why member cannot receive standard therapy for HF with an ACEI/ARB/ARNI in combination with a β-blocker

Continuation of Therapy

Reauthorization may be granted when patient has continued left ventricular ejection fraction below 45% and optimal HF management therapy.

Limitations

1. Initial approvals and reauthorizations will be valid for 24 months
2. The following quantity limits apply:

Verquvo 2.5mg, 5mg, and 10mg	30 tablets per 30 days

Appendix

Appendix A: Standard therapy for HF

- Angiotensin-converting enzyme inhibitor [ACEI]: benazepril, captopril, enalapril, fonisopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril
- Angiotensin II receptor blocker [ARB]: azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
- Angiotensin receptor-neprilysin inhibitor [ARNI]: sacubitril/valsartan
- Beta-blocker: carvedilol, metoprolol succinate, bisoprolol

References

1. Verquvo [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; January 2021.
2. Lexicomp Online, Lexi-Drugs Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed January 2021.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed January 2021.
4. Maddox TM, Januzzi JL, Allen LA, et al. 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. Published online January 2021. Available at: https://www.jacc.org/doi/10.1016/j.jacc.2020.11.022?_ga=2.266943758.1073019511.1611765807-2024013049.1611765807

Review History

07/21/2021 – Reviewed and created July P&T
12/09/2021 – Removed ComExch from policy.

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