Overview
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:
First-Line: Medications listed on first-line are covered with prior-authorization.
Second-Line: Second-line medications will pay if the member has filled a first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines
If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response, side effect, or allergy to a 1st-line.

Limitations
1. Approvals will be granted for 24 months.
2. The following quantity limits apply:

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
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<tbody>
<tr>
<td>Entresto (sacubitril/valsartan) - PA required</td>
<td>Verquvo (vericiguat)</td>
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Verquvo 2.5mg, 5mg, 10mg | 30 tablets per 30 days

References
1. Verquvo (vericiguat) [prescribing information]. Whitehouse Station, NJ: Merck Sharp and Dohme Corp; June 2021.

Review History
11/17/2021: Created and Reviewed at Nov P&T; moved Verquvo to ST and require previous use of Entresto. Effective 1/1/22.

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