STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Verquvo® (Vericiguat)
Effective 5/26/2021

Prior Authorization Request Form

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%.*

CRITERIA FOR APPROVAL:

1. The patient must have a diagnosis of symptomatic chronic heart failure (New York Heart Association [NYHA] class II-IV); **AND**

2. Patient must be ≥ 18 years of age; **AND**

3. Patient must have a left ventricular ejection fraction (LVEF) less than 45%; **AND**

4. Verquvo must be prescribed by, or in consultation with, a cardiologist; **AND**

5. Documentation of recent hospitalization (within the past 6 months) due to CHF or a demonstrated need for outpatient IV diuretics (within the past 3 months) must be provided; **AND**

6. Women of childbearing potential must have a negative pregnancy test collected prior to therapy initiation; **AND**

7. The patient may not use Verquvo with another soluble guanylate cyclase (sGC) stimulator or a phosphodiesterase-5 (PDE-5) inhibitor; **AND**

8. The patient must have been optimized on combination therapy consisting of **ONE** agent from **EACH** of the following classes, unless contraindicated:

    a. ACE inhibitor, ARB, or Angiotensin Receptor-Neprilysin Inhibitor (ARNI)
    b. Beta-blocker
    c. Mineralocorticoid receptor antagonist (Aldosterone antagonist) (where indicated*)

*** For patients with persistent symptoms on initial therapy** – For patients with HFrEF who have symptomatic HF (New York Heart Association [NYHA] class II, III, or IV and an LVEF ≤35 percent on optimal initial pharmacologic therapy, addition of an MRA is recommended

For patients post-myocardial infarction with LVEF ≤40 percent – For patients post myocardial infarction (MI) with an LVEF ≤40 percent who are already receiving a renin angiotensin system inhibitor and have either symptomatic HF or diabetes mellitus (DM), addition of MRA is recommended.

Approval Duration:

Initial approval will be for 6 months.

Criteria for reauthorization:

1. Patient must continue to meet initial approval criteria; **AND**
2. Demonstrate continued documented compliance; **AND**
3. Documentation is provided indicating the patient experienced positive clinical benefit while taking Verquvo (such as a decrease in hospitalizations, improvement in heart failure symptoms, reduction in need of IV diuretics).

Continuation of therapy approvals will be granted for 12 months.

References:

1). Lexi-Comp Clinical Application accessed 5/2021

2). Verquvo Package Insert 5/2021

3). UpToDate Article: Secondary pharmacologic therapy in heart failure with reduced ejection fraction (HFrEF) in adults. Accessed 5/2021

4). 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;Jan 11:[Epub ahead of print]