



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VERICIGUAT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
VERICIGUAT	VERQUVO	47075		GPI-10 (4090008500)	

GUIDELINES FOR USE

INITIAL CRITERIA

1. Does the patient have a diagnosis of chronic heart failure and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient has an ejection fraction of less than 45%
 - The patient is **NOT** concurrently taking long-acting nitrates or nitric oxide donors (e.g. isosorbide dinitrate, isosorbide mononitrate, transdermal nitroglycerin), riociguat, or PDE-5 inhibitors (e.g. vardenafil, tadalafil)

If yes, continue to #2.

If no, do not approve

DENIAL TEXT: See denial text at the end of the guideline.

2. Does the patient meet **ALL** of the following criteria?
 - The patient had a trial of or contraindication to **ONE** of the following preferred SGLT-2 inhibitors: Farxiga, Xigduo XR, Jardiance, Synjardy
 - The patient had a trial of or contraindication to **ONE** agent from **EACH** of the following classes:
 - ACE inhibitor (e.g., enalapril, lisinopril), ARB (e.g., valsartan, candesartan), or angiotensin receptor-neprilysin inhibitor [ARNI] (e.g., sacubitril/valsartan)
 - Beta-blocker (bisoprolol, carvedilol, metoprolol succinate)
 - Aldosterone antagonists (spironolactone or eplerenone)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **VERICIGUAT (Verquvo)** requires the following rule(s) be met for approval:

- A. You have chronic heart failure
- B. You have an ejection fraction (measurement of how well your heart pumps out blood with each heartbeat) of less than 45%
- C. You are 18 years of age or older
- D. You will not be taking Verquvo together with long-acting nitrates or nitric oxide donors (such as isosorbide dinitrate, isosorbide mononitrate, transdermal nitroglycerin), riociguat, or PDE-5 inhibitors (such as vardenafil, tadalafil)

(Initial denial text continued on next page)

CONTINUED ON NEXT PAGE



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VERICIGUAT

INITIAL CRITERIA (CONTINUED)

- E. You have previously tried ONE of the following sodium-glucose transporter-2 inhibitors (SGLT-2 inhibitors: class of drugs) unless there is a medical reason why you cannot (contraindication): Farxiga, Xigduo XR, Jardiance, Synjardy
- F. You have previously tried ONE agent from EACH of the following classes unless there is a medical reason why you cannot (contraindication):
 - 1. Angiotensin converting enzyme (ACE) inhibitors (such as enalapril, lisinopril), angiotensin II receptor blockers (ARB: such as valsartan, candesartan), or angiotensin receptor-neprilysin inhibitor (ARNI: such as sacubitril/valsartan)
 - 2. Beta-blocker (bisoprolol, carvedilol, metoprolol succinate)
 - 3. Aldosterone antagonists (spironolactone or eplerenone)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

- 1. Does the patient have a diagnosis of chronic heart failure and meet **ALL** of the following criteria?
 - The patient has an ejection fraction of less than 45%
 - The patient is **NOT** concurrently taking long-acting nitrates or nitric oxide donors (e.g. isosorbide dinitrate, isosorbide mononitrate, transdermal nitroglycerin), riociguat, or PDE-5 inhibitors (e.g. vardenafil, tadalafil)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **VERICIGUAT (Verquvo)** requires the following rule(s) be met for renewal:

- A. You have chronic heart failure
- B. You have an ejection fraction (measurement of how well your heart pumps out blood with each heartbeat) of less than 45%
- C. You will not be taking Verquvo together with long-acting nitrates or nitric oxide donors (such as isosorbide dinitrate, isosorbide mononitrate, transdermal nitroglycerin), riociguat, or PDE-5 inhibitors (such as vardenafil, tadalafil)

(Renewal denial text continued on next page)

CONTINUED ON NEXT PAGE



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VERICIGUAT

GUIDELINES FOR USE (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Verquvo.

REFERENCES

- Verquvo [Prescribing Information]. Whitehouse Station, NJ: Merck & Co., Inc.; January 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 02/05/21

Created: 01/21

Client Approval: 02/21

P&T Approval: 10/20