

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1362-3
Program	Prior Authorization/Notification
Medication	Verquvo [®] (vericiguat)
P&T Approval Date	7/2021, 9/2022, 11/2023
Effective Date	2/1/2024

1. Background

Verquvo (vericiguat) is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or the need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%. Verquvo has a boxed warning for embryo-fetal toxicity and should not be used during pregnancy.

2. Coverage Criteria^a

A. Initial Authorization

1. **Verquvo** will be approved based on **all** the following criteria:

a. Diagnosis of symptomatic heart failure

-AND-

b. Ejection fraction is less than 45 percent

-AND-

c. Heart failure is classified as one of the following:

- (1) New York Heart Association Class II
- (2) New York Heart Association Class III
- (3) New York Heart Association Class IV

-AND-

d. **One** of the following:

- (1) Hospitalization for heart failure within the past six months
- (2) Outpatient IV diuretics for heart failure within the past three months

Authorization will be issued for 12 months

B. Reauthorization

1. **Verquvo** will be approved based on the following criterion:

a. Documentation of a positive clinical response to **Verquvo** therapy

Authorization will be issued for 12 months

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Verquvo [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; July 2023.

Program	Prior Authorization/Notification – Verquvo
Change Control	
Date	Change
7/2021	New program
9/2022	Annual review. Updated references, added reauthorization criteria, added state mandate footnote.
11/2023	Annual review. Updated references.