



**Cardiovascular Agents – Vasoactive Soluble Guanylate
Cyclase Stimulators – Washington Prior Authorization
Request Form**

Please complete this **entire** form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826**.
This form may contain multiple pages. Please complete all pages to avoid a delay in our decision.
Allow at least 24 hours for review.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply
<p>1. Is this request for a continuation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does patient have clinical documentation demonstrating disease stability or a positive clinical response since starting vericiguat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is this prescribed by, or in consultation with, a cardiologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Indicate patient's diagnosis: <input type="checkbox"/> Chronic heart failure with reduced ejection fraction <input type="checkbox"/> Other. Specify: _____</p> <p>4. Does patient have an ejection fraction less than 45%? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Does patient have a New York Heart Association (NYHA) Classification II-IV? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Has patient been prescribed vericiguat after any of the following? Check all that apply: <input type="checkbox"/> A hospitalization due to heart failure <input type="checkbox"/> Outpatient use of intravenous diuretics</p> <p>7. Is patient being managed with any of the following at optimized doses unless contraindicated or not tolerated? Check all that apply: <input type="checkbox"/> Beta-blocker <input type="checkbox"/> Inhibitor of the renin-angiotensin system (e.g. angiotensin receptor-neprilysin inhibitor, angiotensin-converting enzyme inhibitor, angiotensin receptor blocker) <input type="checkbox"/> Mineralocorticoid receptor antagonist</p>			
CHART NOTES ARE REQUIRED WITH THIS REQUEST			
Prescriber signature	Prescriber specialty	Date	



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