Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 29, 2021 January 24, 2024

VERQUVO ® (vericiguat)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of symptomatic chronic heart failure (New York Heart Association [NYHA] class II-IV).
- Patient must have a left ventricular ejection fraction (LVEF) less than 45%.
- Documentation of recent (within 6 months) hospitalization due to CHF or a demonstrated need for outpatient IV diuretics (within 3 months).
- Documentation of prior or current therapy with an ACEI/ARB and/or beta-blocker and/or mineralocorticoid receptor antagonist (MRA), and/or Entresto (sacubitril/valsartan).
- Women of childbearing potential should have a negative pregnancy test collected prior to therapy initiation.
- Patient may not use with another soluble guanylate cyclase (sGC) stimulator or a phosphodiesterase-5 (PDE-5) inhibitor.
- Must be prescribed by or in consultation with a cardiologist.

CONTINUATION OF THERAPY:

- Patient met initial review criteria.
- Documentation of therapy compliance.

DOSING AND ADMINISTRATION:

- Available as: 2.5 mg, 5 mg and 10 mg tablets
- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/