

New Hampshire Medicaid Fee-for-Service Program

Verquvo® (vericiguat) Criteria

Approval Date: July 12, 2022

Medication

Brand Name	Generic Name	Dosage Strengths	Mechanism of Action	Indication
Verquvo®	vericiguat	2.5 mg, 5 mg, 10 mg tablets	soluble guanylate cyclase stimulator	Reduce the risk of cardiovascular (CV) death and heart failure (HF) hospitalization following hospitalization for HF or need for outpatient intravenous (IV) diuretics in adults with symptomatic chronic HF and ejection fraction (EF) < 45%

Criteria for Approval

1. Patient is ≥ 18 years of age; **AND**
2. Patient has a diagnosis of heart failure; **AND**
3. Patient's ejection fraction is < 45%; **AND**
4. Patient meets ≥ 1 of the following criteria:
 - a. Patient has required the use of intravenous diuretics as an outpatient in the past 3 months; **OR**
 - b. Patient was recently hospitalized for heart failure (within the last 6 months); **AND**
5. Patient is on a guideline-directed therapy for heart failure, unless contraindicated (e.g., beta-blocker, angiotensin-converting enzyme [ACE] inhibitor or angiotensin II receptor blockers [ARB], and mineralocorticoid receptor antagonists/aldosterone antagonists); **AND**
6. Patient is **not** taking another soluble guanylate cyclase (sGC) stimulator or phosphodiesterase-5 (PDE-5) inhibitor; **AND**
7. If patient is of childbearing potential, patient is **not** pregnant **and** is using contraception.

Criteria for Denial

1. Prior approval will be denied if the approval criteria are not met.

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Criteria for Renewal

1. Patient continues to meet above criteria; **AND**
2. Prescriber attestation that patient is responding positively to treatment (e.g., symptom improvement, slowing of decline); **AND**
3. Patient has not experienced treatment-limiting adverse effects (e.g., symptomatic hypotension).

Length of Authorization: 12 months

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	06/02/2022
Commissioner Designee	Approval	07/12/2022