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| <b>Policy Name:</b> | <b>Verquvo (vericiguat)</b> | <b>Policy #:</b> | <b>2836P</b> |
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for Verquvo (vericiguat) for the treatment of heart failure with reduced ejection fraction.

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Verquvo (vericiguat) under the pharmacy benefit if the following criteria are met.

## Criteria

### 1. Coverage Criteria

- 1.1 Documented diagnosis of symptomatic heart failure with reduced ejection fraction (45% or less) with previous hospitalization or consistently require intravenous diuretics (such as furosemide)
- 1.2 Ordered by or in consultation with a cardiologist (heart doctor)

### 2. Approval Period

- 2.1 Initial approval: 12 months
- 2.2 Subsequent approvals: 12 months based on positive response to therapy

## CPT Codes

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## HCPCS Codes

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## References

1. Verquvo (vericiguat) [prescribing information]. Rahway, NJ: Merck Sharp & Dohme LLC; July 2023.
2. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022 May 3;145(18):e895-e1032.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the members Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.