Aetna Better Health®

Verquvo (vericiguat)

May be authorized when the following criteria are met:

- Member is 18 years of age or greater
- Diagnosis is for symptomatic chronic heart failure
- Documentation that members' Ejection Fraction (EF) is less than 45%
- Member had one of the following:
  - Hospitalization for Heart Failure (HF) in the previous 6 months
  - There was use of IV diuretics for Heart Failure (HF) in the previous 3 months
- Documentation indicating member is currently taking, or has a contradiction, or an intolerance to one of the following:
  - Angiotensin II Receptor Blocker Neprilysin Inhibitor (ARNI)
  - Angiotensin-Converting Enzyme Inhibitor (ACE-I)
  - Angiotensin Receptor Blocker (ARB)
  - Aldosterone antagonist and Beta Blocker
- For females of reproductive potential:
- Provider attests use of effective forms of contraception during treatment and for one month after stopping treatment

Approval Duration: One year

Verquvo References:

1. Verquvo [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; January 2021.
2. Lexicomp Online, Lexi-Drugs Online Hudson, Ohio: UpToDate, Inc.; 2021; Accessed March 12, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com Accessed March 15, 2021.
4. Maddox TM, Januzzi JL, Allen LA, et al. 2021 Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure with Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee. J Am Coll Cardiol. Published online January 2021. Available at: https://www.jacc.org/doi/10.1016/j.jacc.2020.11.022?_ga=2.266943758.1073019511.1611765807-2024013049.1611765807