

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1362-5
Program	Prior Authorization/Notification
Medication	Verquvo® (vericiguat)
P&T Approval Date	7/2021, 9/2022, 11/2023, 11/2024, 11/2025
Effective Date	2/15/2026

## 1. Background

Verquvo (vericiguat) is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or the need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%. Verquvo has a boxed warning for embryo-fetal toxicity and should not be used during pregnancy.

## 2. Coverage Criteria<sup>a</sup>

### A. Initial Authorization

1. **Verquvo** will be approved based on **all** the following criteria:

a. Diagnosis of symptomatic heart failure

-AND-

b. Ejection fraction is less than 45 percent

-AND-

c. Heart failure is classified as one of the following:

- (1) New York Heart Association Class II
- (2) New York Heart Association Class III
- (3) New York Heart Association Class IV

-AND-

d. **One** of the following:

- (1) Hospitalization for heart failure within the past six months
- (2) Outpatient IV diuretics for heart failure within the past three months

**Authorization will be issued for 12 months**

### B. Reauthorization

1. **Verquvo** will be approved based on the following criterion:

- a. Documentation of a positive clinical response to **Verquvo** therapy

**Authorization will be issued for 12 months**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

**4. References:**

1. Verquvo [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; July 2023.

Program	Prior Authorization/Notification – Verquvo
<b>Change Control</b>	
Date	Change
7/2021	New program
9/2022	Annual review. Updated references, added reauthorization criteria, added state mandate footnote.
11/2023	Annual review. Updated references.
11/2024	Annual review with no changes.
11/2025	Annual review with no changes.