

New Hampshire Medicaid Fee-for-Service Program Verquvo® (vericiguat) Criteria

Approval Date: June 5, 2025

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
- Patient meets ≥ 1 of the following criteria:
 - 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**
- 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.

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 |
| DUR Board | Review | 12/08/2023 |
| Commissioner Designee | Approval | 01/22/2024 |
| DUR Board | Review | 04/08/2025 |
| Commissioner Designee | Approval | 06/05/2025 |