

**Verquvo**  
**Effective 01/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

#### Initial Step-Therapy Requirements:

**First-Line:** Medications listed on first-line are covered with prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled a first-line medications or a second-line medication within the past 180 days.

### Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response, side effect, or allergy to a 1st-line.

FIRST-LINE	SECOND-LINE
Entresto (sacubitril/valsartan) - <i>PA required</i>	Verquvo (vericiguat)

**Limitations**

- 1. Approvals will be granted for 24 months.
- 2. The following quantity limits apply:

Verquvo 2.5mg, 5mg, 10mg	30 tablets per 30 days
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**References**

- 1. Verquvo (vericiguat) [prescribing information]. Whitehouse Station, NJ: Merck Sharp and Dohme Corp; June 2021.

**Review History**

11/17/2021: Created and Reviewed at Nov P&T; moved Verquvo to ST and require previous use of Entresto. Effective 1/1/22.

