

Verquvo Effective 01/01/2022

Plan	 □ MassHealth UPPL ⊠Commercial/Exchange 	Program Type	 Prior Authorization Quantity Limit 	
Benefit	 Pharmacy Benefit Medical Benefit 		Step Therapy	
Specialty Limitations	N/A			
	Medical and Specialty Medications			
Contact Information	All Plans	Phone: 877-519-1908	Fax: 855-540-3693	
	Non-Specialty Medications			
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029	
Exceptions	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.

SECOND-LINE
Verquvo (vericiguat)

Limitations

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

Verquvo 2.5mg, 5mg, 10mg 30 tabl	ets per 30 days
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References

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

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.