

Verquvo (vericiguat)
Effective 07/01/2025

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

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 medication.

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

Limitations

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

Drug Name and Dosage Form	Quantity Limit
Verquvo 2.5mg, 5mg, 10mg tablets	1 tablet per day

References

1. Verquvo (vericiguat) [prescribing information]. Rahway, NJ: Merck Sharp and Dohme Corp; July 2023.

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.

06/11/2025: Reviewed at June P&T. No changes. Effective 07/01/2025.

