

<b>POLICY NAME</b>	Verquvo (vericiguat)	<b>POLICY #</b>	2836P
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## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of symptomatic heart failure with reduced ejection fraction (45% or less) with previous hospitalization or consistently require intravenous diuretics (such as furosemide)
- ☐ Ordered by or in consultation with a cardiologist (heart doctor)