

POLICY NAME	Verquvo (vericiguat)	POLICY #	2836P
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Criteria

Coverage Criteria

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