

Louisiana Medicaid Heart Disease – Coronary Vasodilators

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request:

- ~~P~~rior authorization for non-preferred coronary vasodilators.
- Clinical authorization for vericiguat (Verquvo®)

Additional Point-of-Sale edits may apply.

*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Non-Preferred Coronary Vasodilators (Other than Verquvo®)~~Initial and Reauthorization Requests~~

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, and delivery device; **AND**
- Previous use of a preferred product - **ONE** of the following is required:
 - The recipient has had a *treatment failure* with at least one preferred product; **OR**
 - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
 - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
 - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
 - The prescriber states that the recipient is currently using the requested medication **AND** one of the following applies:
 - There is evidence in pharmacy claims of at least 60 days of the requested medication within the previous 90-day period; **OR**
 - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber states the recipient has been treated with the requested medication in an inpatient facility; **OR**
 - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber has verified that the pharmacy has dispensed at least 60 days of medication (billed to other insurance, and therefore not viewable in pharmacy claims); **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no concomitant drug therapies or disease states medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial and reauthorization approval: 12 months

Vericiguat (Verquvo®)

Approval Criteria

- The recipient is 18 years of age or older on the date of the request; **AND**
- Verquvo® is prescribed by, or the request states that this medication is prescribed in consultation with, a cardiologist; **AND**
- The recipient has a diagnosis of symptomatic chronic heart failure (NYHA class II-IV); **AND**
- The recipient has a left ventricular ejection fraction < 45% (ejection fraction value is **stated on the request**); **AND**
- The recipient has had a worsening heart failure event defined as **ONE** of the following, which is **stated on the request**:
 - The recipient had a heart failure hospitalization within 6 months of initiation of treatment with vericiguat (date of hospitalization due to heart failure is **stated on the request**); **OR**
 - The recipient had a need for outpatient IV diuretics for heart failure within 3 months of initiation of treatment with vericiguat (date of outpatient IV diuretic use due to heart failure is **stated on the request**); **AND**
- The recipient's current treatment regimen is **stated on the request** and includes an ACEI/ARB and/or beta-blocker and/or mineralocorticoid receptor antagonist (MRA); **AND**
- Previous use of a preferred product - **ONE** of the following is required:
 - The recipient has had *treatment failure* with at least one preferred product; **OR**
 - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
 - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate for the condition being treated; **OR**
 - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The recipient is not pregnant; **AND**
 - The recipient is not using any other soluble guanylate cyclase (sGC) stimulator concomitantly with vericiguat; **AND**
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not receive the requested medication in combination with any medication that is contraindicated or not recommended per FDA labeling.

Reauthorization Criteria

- The recipient continues to meet initial approval criteria; **AND**
- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of initial and reauthorization approval: 12 months

References

2021 Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee. J Am Coll Cardiol 2021;Jan 11

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; Retrieved from <https://www.clinicalkey.com/pharmacology/>

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; Retrieved from <https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861>

Verquvo (vericiguat) [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; January 2021
https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/214377s000lbl.pdf

Revision / Date	Implementation Date
Single PDL Implementation	May 2019
Separated “Select Therapeutic Classes with Established Recent Claims” into individual therapeutic class documents / November 2019	January 2020
Formatting changes / April 2021	July 2021
<u>Added Verquvo® with references / June 2021</u>	