



## DRUG QUANTITY MANAGEMENT POLICY – PER RX

**POLICY:** Cardiology – Verquvo Drug Quantity Management Policy – Per Rx  
• Verquvo® (vericiguat tablets – Merck)

**REVIEW DATE:** 04/09/2025

---

### INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

## CIGNA NATIONAL FORMULARY COVERAGE:

### OVERVIEW

Verquvo, a soluble guanylate cyclase (sGC), is indicated to **reduce the risk of cardiovascular death and heart failure hospitalization** following a hospitalization for heart failure or need for outpatient intravenous diuretics, in adults with symptomatic chronic heart failure and ejection fraction < 45%.<sup>1</sup>

### Dosing

The recommended starting dose of Verquvo is 2.5 mg orally once daily (QD) with food.<sup>1</sup> The dose of Verquvo should be doubled approximately every 2 weeks as tolerated up to the target maintenance dose of 10 mg QD. For patients who are unable to swallow whole tablets, they may be crushed and mixed with water immediately prior to administration.

### Availability

Verquvo is available as 2.5 mg, 5 mg, and 10 mg tablets.<sup>1</sup> The 2.5 mg and 5 mg tablets are supplied in bottles of 14 or 30 tablets and cartons of 100 tablets (10 blister packs of 10 tablets each). The 10 mg tablets are supplied in 30 and 90 count bottles, as well as cartons of 100 tablets (10 blister packs of 10 tablets each).

## **POLICY STATEMENT**

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Verquvo. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below. "One-time" overrides are provided for 30 days in duration.

## **Drug Quantity Limits**

<b>Product</b>	<b>Strength and Form</b>	<b>Retail Maximum Quantity per Rx</b>	<b>Home Delivery Maximum Quantity per Rx</b>
Verquvo® (vericiguat tablets)	2.5 mg tablets	30 tablets	90 tablets
	5 mg tablets	30 tablets	90 tablets
	10 mg tablets	30 tablets	90 tablets

***Cardiology – Verquvo Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.***

## **CRITERIA**

### Verquvo 2.5 mg tablets

1. If the patient's dose is increasing from 2.5 mg to 5 mg once daily, approve a one-time override of 60 tablets at retail or 180 tablets at home delivery.

### Verquvo 5 mg tablets

1. If the patient's dose is increasing from 5 mg to 10 mg once daily, approve a one-time override for 60 tablets at retail or 180 tablets at home delivery.

### Verquvo 10 mg tablets

No overrides recommended.

## **REFERENCES**

1. Verquvo® tablets [prescribing information]. Rahway, NJ: Merck; May 2023.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery.  No criteria changes.	04/06/2023
Annual Revision	No criteria changes.	04/22/2024
Annual Revision	Policy Statement was updated to clarify that "one-time" overrides are provided for 30 days in duration.  <b>Verquvo 2.5 mg and 5 mg tablets:</b> Override criteria were updated to approve 60 tablets at retail or 180 tablets at home delivery. Previously, criteria approved 60 tablets at retail or home delivery.	04/09/2025

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2025 The Cigna Group.