Pharmacy Policy Bulletin

Title:	Heart Failure Agents
Policy #:	Rx.01.174

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for Corlanor® (ivabradine) and Verquvo™ (vericiguat) as provided under the member's prescription drug benefit.

Description:

Heart failure affects approximately 5.1 million Americans. While survival after a diagnosis of heart failure has improved, it is still about 50% at 5 years after diagnosis. In patients with symptomatic heart failure and left ventricular ejection fraction (LVEF) $\leq$ 40%, current guidelines recommend angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), beta blockers, diuretics and aldosterone antagonists as standard of care. With the exception of diuretics, these classes of medications decrease mortality from heart failure with reduced EF. Diuretics provide symptomatic relief, however the effects of diuretics on morbidity and mortality are not known.

Ivabradine reduces spontaneous pacemaker activity at the cardiac sinus node by blocking the hyperpolarization-activated cyclic nucleotide-gated (HCN) channel to selectively inhibit I_f-current, thus reducing the heart rate. Ventricular repolarization and myocardial contractility are not affected. Increased heart rate is an ineffective compensatory mechanism and is recognized as an independent risk factor in heart failure.

Corlanor® (ivabridine) is indicated to reduce the risk of hospitalization for worsening heart failure in patients with stable, symptomatic chronic heart failure with reduced left ventricular ejection fraction and for the treatment of stable symptomatic heart failure due to dilated cardiomyopathy in pediatric patients ages 6 months and older.

Ivabradine is also indicated for the treatment of stable symptomatic heart failure due to dilated cardiomyopathy in pediatric patients who are in sinus rhythm with an elevated heart rate.

Vericiguat is a stimulator of soluble guanylate cyclase (sGC), an important enzyme in the nitric oxide (NO) signaling pathway. When NO binds to sGC, the enzyme catalyzes the synthesis of intracellular cyclic guanosine monophosphate (cGMP), a second messenger that plays a role in the regulation of vascular tone, cardiac contractility, and cardiac remodeling. Heart failure is associated with impaired synthesis of NO and decreased activity of sGC, which may contribute to myocardial and vascular dysfunction. By directly stimulating sGC, independently of and synergistically with NO, vericiguat augments levels of intracellular cGMP, leading to smooth muscle relaxation and vasodilation.

Verquvo® (vericiguat) is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.

Policy:

Chronic heart failure

INITAL CRITERIA: Corlanor® (ivabradine) is approved when ALL of the following are met:

1. Diagnosis of stable, symptomatic chronic heart failure; and

2. Member is 18 years of age or older; and
3. LVEF ≤ 35%; and
4. Sinus rhythm with resting heart rate ≥ 70 beats per minute; and
5. Member is clinically stable for at least 4 weeks on an optimized and stable clinical regimen which includes:
    a. Maximally tolerated doses of beta blockers or inability to tolerate beta blockers; and
    b. ACE inhibitors or ARBs or inability to tolerate ACE inhibitor or ARB; and
6. Prescribed by or in consultation with a cardiologist

INITIAL CRITERIA: Vericiguat (Verquvo™) is approved when ALL of the following are met:

1. Diagnosis of chronic heart failure; and
2. Member is age 18 or older; and
3. Member has an ejection fraction of less than 45 percent; and
4. Member has New York Heart Association (NYHA) Class II, III or IV symptoms; and
5. One of the following:
    a. Member was hospitalized for heart failure within the last 6 months; or
    b. Member used outpatient intravenous diuretics (e.g., bumetanide, furosemide) for heart failure within the last 3 months; and
6. Inadequate response or inability to tolerate both of the following at a maximally tolerated dose:
    a. One of the following:
        a. Angiotensin converting enzyme (ACE) inhibitor (e.g., captopril, enalapril); or
        b. Angiotensin II receptor blocker (ARB) (e.g., candesartan, valsartan); or
        c. Angiotensin receptor-neprilysin inhibitor (ARNI) [e.g., Entresto (sacubitril and valsartan)]; and
    b. Beta blocker (e.g., bisoprolol, carvedilol); and
7. Prescribed by or in consultation with a cardiologist

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Vericiguat (Verquvo™) or ivabradine (Corlanor®) is re-approved when there is documentation of positive clinical response to therapy

Reauthorization duration: 2 years

Inappropriate sinus tachycardia

INITIAL CRITERIA: Ivabradine (Corlanor®) is approved when ALL of the following are met:
1. Diagnosis of inappropriate sinus tachycardia; and
2. Member is 18 years of age or older; and
3. Inadequate response or inability to tolerate one beta-blocker; and
4. Prescribed by or in consultation with a cardiologist

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Ivabradine (Corlanor®) is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 2 years

Heart failure due to dilated cardiomyopathy

INITIAL CRITERIA: Ivabradine (Corlanor®) is approved when ALL of the following are met:
1. Diagnosis of stable, symptomatic heart failure due to dilated cardiomyopathy; and
2. Member is 6 months of age to 18 years of age; and
3. Member is in sinus rhythm; and
4. Member has elevated heart rate; and
5. Prescribed by or in consultation with a cardiologist

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Ivabradine (Corlanor®) is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 2 years

Black Box Warning as shown in the drug Prescribing Information:

Vericiguat (Verquvo™)

- Do not administer VERQUVO to a pregnant female because it may cause fetal harm. Females of reproductive potential: Exclude pregnancy before the start of treatment. To prevent pregnancy, females of reproductive potential must use effective forms of contraception during treatment and for one month after stopping treatment.

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

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Corlanor (ivabradine) [package insert]. Thousand Oaks, CA: Amgen, Inc. April 2019. Available at: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=92018a65-38f6-45f7-91d4-a34921b81d0d&type=display. Accessed July 22, 2021.Go AS, Mozaffarian D, Roger VL, et al. Heart disease and stroke statistics-2013 update: a report from the American Heart Association. Circulation. 2013. Doi: 10.1161/CIR.0b013e31828124ad. Available from: http://circ.ahajournals.org/content/127/1/e6.full.pdf+html. Accessed July 13, 2022.

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Olshansky B, Sullivan R. Inappropriate Sinus Tachycardia. Journal of the American College of Cardiology. Vol. 61, No 8, 2013. February 26, 2013:793-801. Accessed July 13, 2022.

Sheldon RS, Grubb BP, Olshansky B, et. Al. 2015 Heart Rhythm Society Expert Consensus Statement on the Diagnosis and Treatment of Postural Tachycardia Syndrome, Inappropriate Sinus Tachycardia, and Vasovagal Syncope. Available at:

https://www.hrsonline.org/Policy-Payment/Clinical-Guidelines-Documents/2015-HRS-Document-on-POTS-IST-VVS. Accessed July 13, 2022.

Verquvo™ (vericiguat) [prescribing information]. Whitehouse Station (NJ); Merck & Co. Inc.; June 2021. Available at: https://www.merck.com/product/usa/pi_circulars/v/verquvo/verquvo_pi.pdf. Accessed July 13, 2022.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Corlanor®	ivabradine
Verquvo™	vericiguat

Cross References:

Rx.01.33 Off-Label Use

Rx.01.76 Quantity Level Limits for Pharmaceuticals Covered Under the Prescription Drug Benefit

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