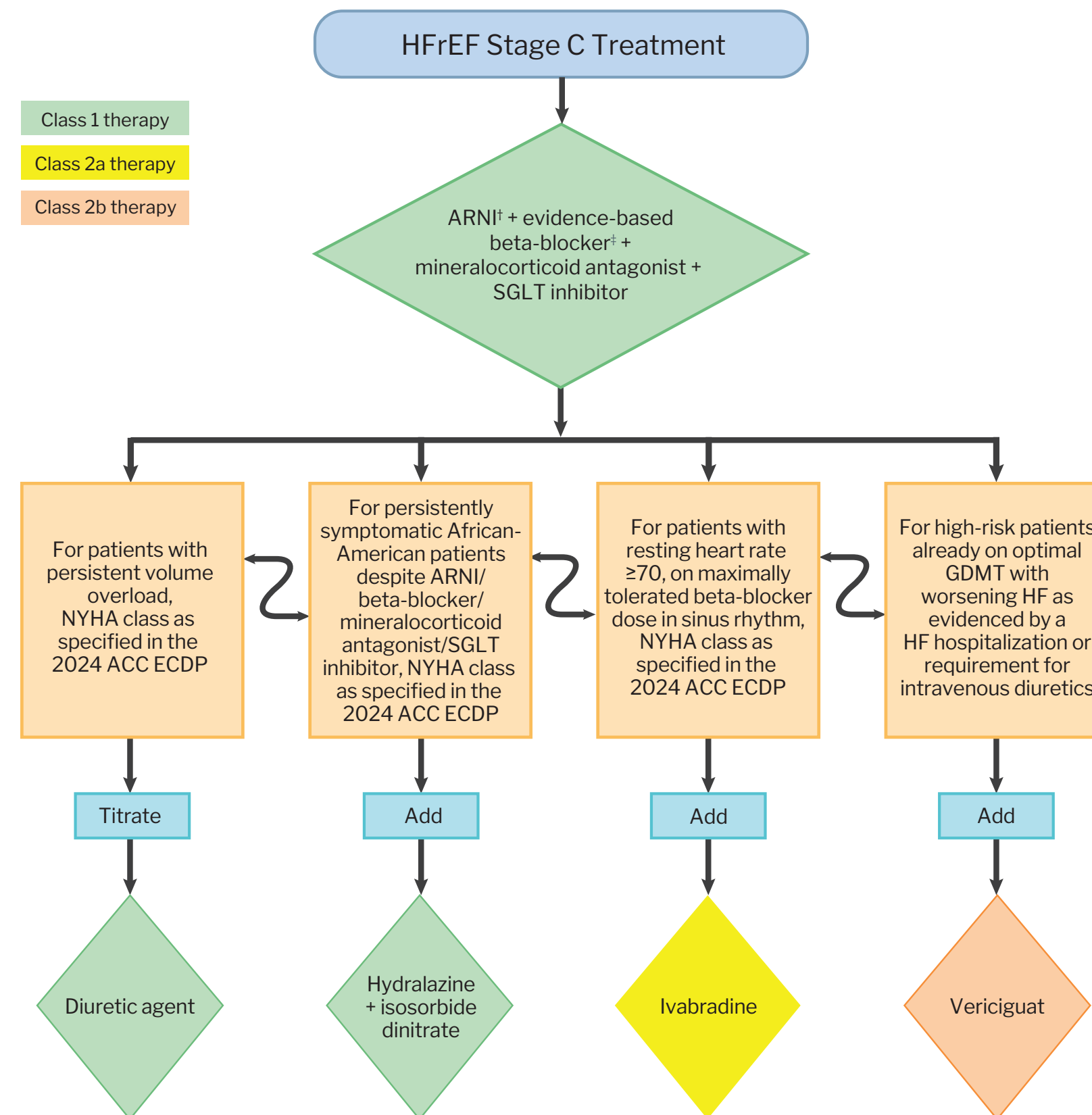


# VERQUVO is included in the 2024 ACC Expert Consensus Decision Pathway for the Treatment of HFrEF<sup>1</sup>



Specifically, in select high-risk patients with Stage C HFrEF and recent worsening HF already on GDMT, VERQUVO may be considered as an add-on to reduce the risk of HF hospitalization and cardiovascular death (2b recommendation, based on the 2022 AHA/ACC/HFSA Guideline\*).<sup>1,2</sup>



\*2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure.  
 †ACE inhibitors/ARBs should only be considered in patients with contraindications, intolerance, or inaccessibility to ARNI.  
 ‡Carvedilol, metoprolol succinate, or bisoprolol.

## INDICATION

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

## SELECTED SAFETY INFORMATION

**WARNING: EMBRYO-FETAL TOXICITY**  
**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. Do not administer VERQUVO to a pregnant female because it may cause fetal harm.**

- VERQUVO is contraindicated in patients with concomitant use of other soluble guanylate cyclase (sGC) stimulators.
- VERQUVO is contraindicated in pregnancy.

**Selected Safety Information continued on next page.**

Adapted from the Journal of the American College of Cardiology; 2024; Maddox, T, Januzzi, J, Allen, L. et al. 2024 ACC Expert Consensus Decision Pathway for Treatment of Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee.  
 ACC, American College of Cardiology; AHA, American Heart Association; ARNI, angiotensin receptor and neprilysin inhibitor; GDMT, guideline-directed medical therapy; HF, heart failure; HFrEF, heart failure with reduced ejection fraction; HFSA, Heart Failure Society of America; NYHA, New York Heart Association; SGLT, sodium-glucose co-transporter.

## Consider VERQUVO

**VERQUVO is the first and only HFrEF treatment indicated exclusively to reduce the risk of CV death and HF hospitalization (HFH) following hospitalization for HF or outpatient IV diuretic use**

### SELECTED SAFETY INFORMATION (*continued*)

- **Embryo-Fetal Toxicity:** Based on data from animal reproduction studies, VERQUVO may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential of the potential risk to a fetus. Obtain a pregnancy test before the start of treatment. Advise females of reproductive potential to use effective contraception during treatment with VERQUVO and for at least one month after the final dose.
- There is a Pregnancy Surveillance Program that monitors pregnancy outcomes in women exposed to VERQUVO during pregnancy. Health care providers should report any prenatal exposure by calling 1-877-888-4231 or at <https://pregnancyreporting.verquvo-us.com>.
- In a clinical trial, the most commonly observed adverse events with VERQUVO vs placebo, occurring at a frequency  $\geq 5\%$ , were hypotension (16% vs 15%) and anemia (10% vs 7%).
- Concomitant use of VERQUVO with PDE-5 inhibitors is not recommended due to the potential for hypotension.
- There are no data on the presence of vericiguat in human milk, the effects on the breastfed infant, or effects on milk production. Because of the potential for serious adverse reactions in breastfed infants from VERQUVO, advise women not to breastfeed during treatment with VERQUVO.

**Before prescribing VERQUVO, please read the accompanying Prescribing Information, including the **Boxed Warning** about embryo-fetal toxicity. The Medication Guide also is available.**

CV, cardiovascular; HF, heart failure; HFrEF, heart failure with reduced ejection fraction; IV, intravenous.

**References:** 1. Maddox TM, Januzzi JL Jr, Allen LA, et al. 2024 ACC expert consensus decision pathway for treatment of heart failure with reduced ejection fraction: a report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol.* 2024;83(15):1444-1488. doi:10.1016/j.jacc.2023.12.024 2. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation.* 2022;145:e.