

POLICY NAME	Adempas (riociguat)	POLICY #	2313P
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Criteria

Coverage Criteria for Pulmonary Arterial Hypertension

- ☐ 1.1 See Pulmonary Arterial Hypertension Products policy

Coverage Criteria for Chronic Thromboembolic Pulmonary Hypertension (CTEPH)

- ☐ 2.1 Diagnosis of CTEPH
- ☐ 2.2 Age 18 years or older
- ☐ 2.3 Prescribed by or in consultation with a pulmonologist (lung doctor) or cardiologist (heart doctor)
- ☐ 2.4 Disease is inoperable or persistent/recurrent after surgical treatment

Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 Patients with severe liver disease, creatinine clearance <15mL/min or on dialysis.
- ☐ 3.2 Pregnant patients
- ☐ 3.3 Co-administration with nitrates or nitric oxide donors (nitroglycerin, isosorbide mononitrate, isosorbide dinitrate)
- ☐ 3.4 Concomitant administration with phosphodiesterase (PDE) inhibitors such as sildenafil or tadalafil