

POLICY NAME

Adempas (riociguat)

POLICY #

2313P

Criteria

Coverage Criteria for Pulmonary Arterial Hypertension

- ☐ See Pulmonary Arterial Hypertension Products policy

Coverage Criteria for Chronic Thromboembolic Pulmonary Hypertension (CTEPH)

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

Exclusion Criteria – Any of the following prevents coverage

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