Pharmacy Drug Policy Checklist

POLICY NAME	Adempas (riociguat)	POLICY #	2313P
POLICY NAME	Adempas (riociguat)	POLICY #	23131

Criteria

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	
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	