

Adempas®

(riociguat)

COVERAGE POLICY:

Adempas® is covered for members who meet the following criteria:

- The prescribing provider is a pulmonologist or cardiologist
- AND the diagnosis is documented as pulmonary hypertension WHO group 1 or group 4
 - AND the diagnosis has been confirmed by right heart catheterization
 - AND the mean pulmonary arterial pressure (mPAP) is > 25 mmHg at rest
 - AND the pulmonary capillary wedge pressure ≤ 15 mmHg
 - AND pulmonary vascular resistance ≥ 3 Wood units (240 dyn*sec/cm⁵)
- AND if the diagnosis is documented as pulmonary arterial hypertension (WHO group 1) the patient meets the following:
 - The patient has functional class symptoms documented as WHO class II, III,
 - AND the patient has received a trial and failure of 2 of the following medication classes
 - PDE5 inhibitors (Revatio, sildenafil, Adcirca)
 - ERA (Tracleer, Opsumit, Letairis)
 - Inhaled prostacyclin (Tyvaso, Venatavis).
- OR if the diagnosis is CTEPH (WHO group 4)
 - The diagnosis has been confirmed by at least two of the following imaging methods
 - Ventilation-perfusion scanning
 - Pulmonary angiography
 - Spiral CT
 - Magnetic resonance angiography
 - AND the patient is NOT eligible for pulmonary endarterectomy (*please provide surgery consult*) OR the patient has recurrent disease following surgery
- AND if the patient has received previous Adempas® therapy, the patient must see an improvement in their exercise ability (walking distance), dyspnea, fatigue and/or NO clinical worsening of pulmonary hypertension.