

SPECIALTY GUIDELINE MANAGEMENT

Adempas (riociguat)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

A. **Pulmonary Arterial Hypertension (PAH)**

Adempas is indicated for the treatment of adults with pulmonary arterial hypertension (PAH), (WHO Group 1), to improve exercise capacity, WHO functional class and to delay clinical worsening.

B. **Chronic Thromboembolic Pulmonary Hypertension (CTEPH)**

Adempas is indicated for the treatment of adults with persistent/recurrent chronic thromboembolic pulmonary hypertension (CTEPH), (WHO Group 4) after surgical treatment, or inoperable CTEPH, to improve exercise capacity and WHO functional class.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. **Pulmonary Arterial Hypertension**

Authorization of 24 months may be granted for treatment of PAH when ALL of the following criteria are met:

1. Member has PAH defined as WHO Group 1 class of pulmonary hypertension (Refer to Appendix)
2. PAH was confirmed by right heart catheterization with all of the following pretreatment results:
 - i. mPAP \geq 25 mmHg
 - ii. PCWP \leq 15 mmHg
 - iii. PVR $>$ 3 Wood units

B. **Chronic Thromboembolic Pulmonary Hypertension**

Authorization of 24 months may be granted for treatment of CTEPH when ALL of the following criteria are met:

1. Member has CTEPH defined as WHO Group 4 class of pulmonary hypertension (Refer to Appendix)
2. Member meets either criterion (i) or criterion (ii) below:
 - i. Recurrent or persistent CTEPH after pulmonary endarterectomy (PEA)
 - ii. Inoperable CTEPH with diagnosis confirmed by BOTH of the following (a. and b.):
 - a. Computed tomography (CT)/magnetic resonance imaging (MRI) angiography or pulmonary angiography
 - b. Pretreatment right heart catheterization with all of the following results:
 - mPAP \geq 25 mmHg
 - PCWP \leq 15 mmHg
 - PVR $>$ 3 Wood units

III. CONTINUATION OF THERAPY

Authorization of 24 months may be granted for members with PAH or CTEPH who are currently receiving Adempas therapy through a paid pharmacy or medical benefit.

IV. APPENDIX

WHO Classification of Pulmonary Hypertension

WHO Group 1. Pulmonary Arterial Hypertension (PAH)

1.1 Idiopathic (IPAH)

1.2 Heritable PAH

1.2.1 Germline mutations in the bone morphogenetic protein receptor type 2 (BMPR2)

1.2.2 Activin receptor-like kinase type 1 (ALK1), endoglin (with or without hereditary hemorrhagic telangiectasia), Smad 9, caveolin-1 (CAV1), potassium channel super family K member-3 (KCNK3)

1.2.3 Unknown

1.3 Drug- and toxin-induced

1.4. Associated with:

1.4.1 Connective tissue diseases

1.4.2 HIV infection

1.4.3 Portal hypertension

1.4.4 Congenital heart diseases

1.4.5 Schistosomiasis

1'. Pulmonary veno-occlusive disease (PVOD) and/or pulmonary capillary hemangiomatosis (PCH)

1". Persistent pulmonary hypertension of the newborn (PPHN)

WHO Group 2. Pulmonary Hypertension Owing to Left Heart Disease

2.1 Systolic dysfunction

2.2 Diastolic dysfunction

2.3 Valvular disease

2.4 Congenital/acquired left heart inflow/outflow tract obstruction and congenital cardiomyopathies

WHO Group 3. Pulmonary Hypertension Owing to Lung Disease and/or Hypoxia

3.1 Chronic obstructive pulmonary disease

3.2 Interstitial lung disease

3.3 Other pulmonary diseases with mixed restrictive and obstructive pattern

3.4 Sleep-disordered breathing

3.5 Alveolar hypoventilation disorders

3.6 Chronic exposure to high altitude

3.7 Developmental abnormalities

WHO Group 4. Chronic Thromboembolic Pulmonary Hypertension (CTEPH)

WHO Group 5. Pulmonary Hypertension with Unclear Multifactorial Mechanisms

5.1 Hematologic disorders: Chronic hemolytic anemia, myeloproliferative disorders, splenectomy

5.2 Systemic disorders: sarcoidosis, pulmonary Langerhans cell histiocytosis: lymphangioleiomyomatosis, neurofibromatosis, vasculitis

5.3 Metabolic disorders: glycogen storage disease, Gaucher disease, thyroid disorders

5.4 Others: tumoral obstruction, fibrosing mediastinitis, chronic renal failure on dialysis, segmental PH

V. REFERENCES

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Reference number(s)
1641-A

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9. Fedullo P, Kerr KM, Kim NH, Auger WR. Chronic thromboembolic pulmonary hypertension. *Am J Respir Crit Care Med.* 2011;183(12):1605-1613.
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