

Adempas for CTEPH Criteria

Revised 06/19/2024

ADEMPAS (RIOCIGUAT)

Length of Authorization: Initial – 6 months
Renewal – 1 year

CHILDREN – CRITERIA TO APPROVE

N/A

ADULTS – CRITERIA TO APPROVE

All the following:

- Age \geq 18 years
- Diagnosis of Chronic Thromboembolic Pulmonary Hypertension (CTEPH) (WHO Group 4)
- Prescriber is a pulmonologist or cardiologist or consult notes from a pulmonologist or cardiologist are provided.
- Persistent or recurrent CTEPH after surgical treatment, or CTEPH is inoperable; **AND**
- Agent will not be coadministered with a PDE-5 inhibitor (e.g., tadalafil, sildenafil)

ADULTS: RENEWAL CRITERIA

All the following:

- Member is responding well to therapy; **AND**
- Patient has not experienced any treatment-restricting adverse effects.

REVISION HISTORY

Date	Issues/Updates
06/28/2024	• Initial draft creation

Orange Text = Important Information | **Teal Text = Auto PA**

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