PRIOR AUTHORIZATION POLICY

POLICY: Pulmonary Arterial Hypertension – Adempas Prior Authorization Policy
- Adempas® (riociguat tablets – Bayer)

REVIEW DATE: 10/08/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Adempas, a soluble guanylate cyclase stimulator, is indicated for the treatment of adults with:[1]

- **Chronic thromboembolic pulmonary hypertension** (CTEPH) [World Health Organization {WHO} Group 4], persistent/recurrent, after surgical treatment, or inoperable CTEPH, to improve exercise capacity and WHO functional class.
- **Pulmonary Arterial Hypertension (PAH) WHO Group 1**, to improve exercise capacity, WHO functional class, and to delay clinical worsening.

Disease Overview

PAH is a serious but rare condition affecting fewer than 20,000 patients in the US.[2,3] It is classified within Group 1 pulmonary hypertension among the five different groups that are recognized. In this progressive disorder, the small arteries in the lungs become narrowed, restricted, or blocked causing the heart to work harder to

pump blood, leading to activity impairment.[2,3] Although the mean age of diagnosis is between 36 and 50 years, patients of any age may be affected, including pediatric patients. PAH is defined as a mean pulmonary artery pressure (mPAP) > 20 mmHg (at rest) with a pulmonary arterial wedge pressure (PAWP) ≤ 15 mmHg and a pulmonary vascular resistance > 2 Wood units measured by cardiac catheterization.[7] The prognosis in PAH has been described as poor, with the median survival being approximately 3 years. However, primarily due to advances in pharmacological therapies, the long-term prognosis has improved.

CTEPH is a persistent obstruction of pulmonary arteries and is often a complication of pulmonary embolism.[4,5] It is classified within WHO Group 4 pulmonary hypertension. Symptoms include progressive dyspnea on exertion, as well as fatigue, syncope, hemoptysis, and signs of right heart failure. Pulmonary endarterectomy is the treatment of choice for most patients with CTEPH. However, around 40% of patients are deemed inoperable for various reasons. Medication therapy, including Adempas, may also be recommended. Anticoagulant therapy is also given.

Guidelines

Various guidelines are available for the management of pulmonary hypertension.

- **Pulmonary Arterial Hypertension:** The CHEST guideline and Expert Panel Report regarding therapy for PAH in adults (2019) cites Adempas as a vital therapy with several benefits in a variety of clinical scenarios. The European Society of Cardiology (ESC) and the European Respiratory Society (ERS) guidelines regarding the treatment of pulmonary hypertension (2022) also recognize Adempas as having a prominent role in the management of this condition, as monotherapy or in combination with other agents.
- **Chronic Thromboembolic Pulmonary Hypertension:** Guidelines from the ESC/ERS regarding the treatment of pulmonary hypertension (2022) recommended Adempas for patients who are symptomatic with inoperable CTEPH or persistent/recurrent pulmonary hypertension after pulmonary endarterectomy.[6]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Adempas. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Adempas as well as the monitoring required for adverse events and long-term efficacy, approval requires Adempas to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required for initiation of therapy where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes and catheterization laboratory reports. All documentation must include patient-specific identifying information. For a patient case in which the documentation requirement of the right heart catheterization upon Prior Authorization coverage review for a different medication indicated for WHO Group 1

PAH has been previously provided, the documentation requirement in this *Pulmonary Arterial Hypertension – Adempas Prior Authorization Policy* is considered to be met.

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is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Chronic Thromboembolic Pulmonary Hypertension.** Approve for 1 year if prescribed by or in consultation with a pulmonologist or a cardiologist.

2. **Pulmonary Arterial Hypertension (PAH) [World Health Organization {WHO} Group 1].** Approve for the duration noted if the patient meets ONE of the following (A or B):
   A) Initial Therapy. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
      i. Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND
      ii. Patient meets BOTH of the following (a and b):
         a) Patient has had a right heart catheterization **[documentation required]** ; AND
         b) Results of the right heart catheterization confirm the diagnosis of WHO Group 1 PAH; AND
      iii. Medication is prescribed by or in consultation with a cardiologist or a pulmonologist; OR
   B) Patient is Currently Receiving Adempas. Approve for 1 year if the patient meets ALL of the following (i ii, and iii):
      i. Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND
      ii. Patient meets BOTH of the following (a and b):
         a) Patient has had a right heart catheterization; AND
         Note: This refers to prior to starting therapy with a medication for WHO Group 1 PAH.
         b) Results of the right heart catheterization confirm the diagnosis of WHO Group 1 PAH; AND
      iii. Medication is prescribed by or in consultation with a cardiologist or a pulmonologist.

CONDITIONS NOT COVERED

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is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concurrent Use with Phosphodiesterase Inhibitors Used for Pulmonary Hypertension or Other Soluble Guanylate Cyclase Stimulators.** Use of Adempas with phosphodiesterase inhibitors and/or with other soluble guanylate cyclase stimulators is a contraindication.[1]
   Note: Examples of phosphodiesterase inhibitors used for pulmonary hypertension include Revatio (sildenafil tablets, suspension, and intravenous injection), Adcirca (tadalafil tablets), Alyq (tadalafil tablets), Tadliq (tadalafil oral suspension) and Opsynvi (macitentan/tadaladil tablets). An example of a soluble guanylate cyclase stimulator is Verquvo (vericiguat tablets).

REFERENCES

1. Adempas® tablets [prescribing information]. Whippany, NJ: Bayer; January 2023.
2. Ruopp NF, Cockrill BA. Diagnosis and treatment of pulmonary arterial hypertension. A review. *JAMA*. 2022;327(14):1379-1391.
3. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults. Update of the CHEST guideline and Expert Panel Report. *CHEST*. 2019;155(3):565-586.
4. Kim NH, Delcroix M, Jais X, et al. Chronic thromboembolic pulmonary hypertension. *Eur Respir J*. 2019;53(1):1801915.
5. Papamatheakis DG, Poch DS, Fernandes TM, et al. Chronic thromboembolic pulmonary hypertension: JACC focus seminar. *J Am Coll Cardiol*. 2020;76(180):2155-2169.
6. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
7. Maron BA. Revised Definition of Pulmonary Hypertension and Approach to Management: A Clinical Primer. *J Am Heart Assoc*. 2023 Apr 18;12(8):e029024. [Epub].

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	10/11/2023
Annual Revision	**Pulmonary Arterial Hypertension (PAH) [World Health Organization {WHO} Group 1]:** For a patient currently receiving Adempas, added a Note to indicate that requirement of a right heart catheterization (RHC) refers to a RHC prior to starting therapy with a medication for WHO Group 1 PAH.	10/09/2024
Annual Revision	No criteria changes.	10/08/2025