INTRODUCTION
The chronic thromboembolic pulmonary hypertension (CTEPH) is characterized by obstruction of the pulmonary vasculature by residual organized thrombi, leading to increased pulmonary vascular resistance, progressive pulmonary hypertension, and right ventricular failure. CTEPH is the only treatment currently available for CTEPH treatment in Brazil.

METHODS
MCDA followed the guidelines of good practices published by ISPOR, which considered the official published criteria based on the Brazilian HTA Commission (CONITEC). The participants (n=9) consisted in 3 specialist physicians in CTEPH, 4 payers of pharmaceutical assistance in SUS and 2 representatives of patient association (Figure 1).

RESULTS
Criteria preferences (weights)
The criteria perceived as most important for the participants were “quality of life provided to the patient”, “disease severity” and “limitations imposed to the patient by the disease” (Figure 2).

Non-comparative criteria
CTEPH was considered a rare and very severe disease, being a condition recommended by international clinical protocols. (Figure 2)

Comparative criteria
The efficacy and safety results were considered respectively superior and equal in comparison to placebo, based on clinical data of CHEST-1/CHEST-2 studies.

CONCLUSIONS
Opinions among the participants were consistent to the positive results of the benefits of riociguat can provide to patients, especially in the context of no other available adequate pharmaceutical treatment. Main contribution value was severity of the disease. The MCDA exercise allowed a positive and constructive interaction between the participants. Besides that, it provided an equal assessment of the same data and criteria, maintaining the independence of individuality of each participant. The performed exercise provides real and measurable data, which can be extremely useful during the process of evaluation and decision making regarding the incorporation of riociguat in SUS.