

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Riociguat (Adempas)

Notes:

- Quantity Limits: No
- Prescribers, female patients, and pharmacies must enroll in the restricted distribution program as part of a REMS
- Contraindication to phosphodiesterase inhibitors: concomitant use of organic nitrates in any form (intermittently or regularly), known hypersensitivity to product

Initiation (new start) criteria: Non-formulary **riociguat (Adempas)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a pulmonologist or cardiologist
- Diagnosis of pulmonary arterial hypertension (PAH) World Health Organization [WHO] Group I with WHO New York Heart Association Functional Class II to IV Documented treatment failure, intolerance or contraindication to sildenafil or tadalafil
- Documented treatment failure, intolerance or contraindication to ambrisentan or bosentan
- Not currently receiving intravenous prostanoid therapy (e.g., epoprostenol, treprostinil)

-OR-

- Prescriber is a pulmonologist or cardiologist
- Diagnosis chronic thromboembolic pulmonary hypertension (CTEPH), (WHO Group 4)
- Patient is not a candidate for pulmonary endarterectomy **-OR-** persistent recurrent CTEPH after pulmonary endarterectomy based on pulmonology/cardiology recommendations