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

- Prescriber is a Pulmonologist or Cardiologist
- AND –
  - Diagnosis of pulmonary arterial hypertension (PAH) World Health Organization [WHO] Group I with WHO New York Heart Association Functional Class II to IV –OR- chronic thromboembolic pulmonary hypertension (CTEPH), (WHO Group 4)

-IF PAH-

- Documented treatment failure, intolerance or contraindication to sildenafil or tadalafil (phosphodiesterase-5 inhibitors)
  -AND-
- Documented treatment failure, intolerance or contraindication to ambrisentan (Letairis®) or bosentan (Tracleer®)
  -AND-
- Not currently receiving intravenous prostanoid therapy (e.g., epoprostenol, treprostinil)

-IF CTEPH-

- Patient is not a candidate for pulmonary endarterectomy
  -OR-
- Persistent recurrent CTEPH after pulmonary endarterectomy based on pulmonology/cardiology recommendations

Note: contraindication to phosphodiesterase inhibitors: concomitant use of organic nitrates in any form (intermittently or regularly), known hypersensitivity to product
Riociguat is contraindicated with phosphodiesterase inhibitors
Prescribers, female patients, and pharmacies must enroll in the restricted distribution program as part of a REMS