Adempas® riociguat tablets
0.5mg | 1mg | 1.5mg | 2mg | 2.5mg

Dosing and Administration

Adempas has been prescribed to more than 33,000 patients[1]*

*Prescriptions written do not equate to prescriptions fulfilled.

Personalized dosing for your patients

Recommended starting dose

Start with 1 mg taken 3x a day

- For patients who may not tolerate the hypotensive effects of Adempas, consider a starting dose of 0.5 mg taken 3x a day

Titration through maintenance

Individualized dose adjustments

- ▲ If systolic blood pressure remains >95 mm Hg and the patient has no signs or symptoms of hypotension, up-titrate the dose by 0.5 mg. Dose increases should be no sooner than 2 weeks apart. The dose can be increased to the highest tolerated dosage, up to a maximum of 2.5 mg taken 3x a day
- ▼ If at any time the patient has symptoms of hypotension, decrease the dosage by 0.5 mg

INDICATIONS

- Adempas (riociguat) is indicated for the treatment of adults with persistent/recurrent chronic thromboembolic pulmonary hypertension (CTEPH) (WHO Group 4) after surgical treatment or inoperable CTEPH to improve exercise capacity and WHO functional class.
- Adempas is indicated for the treatment of adults with pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise capacity, improve WHO functional class, and to delay clinical worsening.*

Efficacy was shown in patients on Adempas monotherapy or in combination with endothelin receptor antagonists or prostanoids. Studies establishing effectiveness included predominantly patients with WHO functional class II–III and etiologies of idiopathic or heritable PAH (61%) or PAH associated with connective tissue diseases (25%).

*Time to clinical worsening was a combined endpoint defined as death (all-cause mortality), heart/lung transplantation, atrial septostomy, hospitalization due to persistent worsening of pulmonary hypertension, start of new PAH-specific treatment, persistent decrease in 6MWD, and persistent worsening of WHO functional class.

Are your patients unable to swallow whole tablets?

Adempas may be crushed and mixed with water or soft foods (such as applesauce) immediately before administration.

Crushed and mixed with water

Crushed and mixed with soft foods (such as applesauce)

Transitioning your patients from or to Adempas

To Adempas from sildenafil or tadalafil

Before administering Adempas:

- Discontinue sildenafil for at least 24 hours
- Discontinue tadalafil for at least 48 hours. Consider initiating Adempas at a starting dose of 0.5 mg in patients at risk of hypotension. Monitor for signs and symptoms of hypotension on initiation

To a PDE-5 inhibitor from Adempas

Before administering a PDE-5 inhibitor:

- Discontinue Adempas for at least 24 hours. Monitor for signs and symptoms of hypotension on initiation

IMPORTANT SAFETY INFORMATION

WARNING: EMBRYO-FETAL TOXICITY

Adempas is contraindicated for use during pregnancy because it may cause fetal harm based on animal data.

Exclude pregnancy prior to the start of treatment with Adempas. Advise use of effective contraception prior to initiation of treatment, during treatment, and for one month after treatment with Adempas.

If pregnancy is detected, discontinue Adempas as soon as possible.

Dosage considerations:

Dosage interruption

- If a dose is missed, advise patients to continue with the next regularly scheduled dose
- In case Adempas is interrupted for 3 days or more, re-titrate Adempas

Pregnancy testing in females of reproductive potential

- Exclude pregnancy prior to initiation of treatment with Adempas. Advise females of reproductive potential to use effective contraception prior to initiation of treatment, during treatment with Adempas and for at least one month after the last dose. When pregnancy is detected, discontinue Adempas as soon as possible.

Use in patients who smoke

- Consider titrating to dosages higher than 2.5 mg 3x a day, if tolerated, in patients who smoke. A dose decrease may be required in patients who stop smoking

Strong CYP and P-gp/BCRP inhibitors

- Consider a starting dose of 0.5 mg, 3x a day when initiating Adempas in patients receiving strong cytochrome P450 (CYP) and P-glycoprotein/breast cancer resistance protein (P-gp/BCRP) inhibitors such as azole antimycotics (for example, ketoconazole, itraconazole) or HIV protease inhibitors (for example, ritonavir). Monitor for signs and symptoms of hypotension on initiation and on treatment with strong CYP and P-gp/BCRP inhibitors

FROM INITIATION TO TITRATION,

Bayer is committed to providing resources like the AIM Support Program to help adult patients get the treatment they prefer

Nursing services for your patients are available every step of the way.

Click here to learn more about the patient support program.

Please see additional Important Safety Information, including Boxed Warning, on second page. The full Prescribing Information and Medication Guide can be accessed at: https://labeling.bayerhealthcare.com/html/products/pi/Adempas_PI.pdf.

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CONTRAINDICATIONS

- Use of Adempas is contraindicated in patients who are pregnant.
- Co-administration of Adempas with nitrates or nitric oxide donors (such as amyl nitrite) in any form is contraindicated.
- Concomitant administration of Adempas with specific phosphodiesterase (PDE)-5 inhibitors (such as sildenafil, tadalafil, or vardenafil) or nonspecific PDE inhibitors (such as dipyridamole or theophylline) is contraindicated. Do not administer within 24 hours of sildenafil. Do not administer 24 hours before or within 48 hours after tadalafil.
- Adempas is contraindicated in patients with concomitant use of other soluble guanylate cyclase (sGC) stimulators.
- Adempas in contraindicated in patients with Pulmonary Hypertension associated with Idiopathic Interstitial Pneumonias (PH-IIP).

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity. Based on data from animal reproduction studies, Adempas may cause fetal harm when administered to a pregnant patient and is contraindicated during pregnancy. The available human data for riociguat do not establish the presence or absence of major birth defects related to the use of Adempas. Counsel patients who can become pregnant on the potential risk to a fetus. Exclude pregnancy prior to initiation of treatment with Adempas. Advise females of reproductive potential to use effective contraception prior to initiation of treatment, during treatment with Adempas and for at least one month after the last dose. When pregnancy is detected, discontinue Adempas as soon as possible.

Hypotension. Adempas reduces blood pressure. Consider the potential for symptomatic hypotension or ischemia in patients with hypovolemia, severe left ventricular outflow obstruction, resting hypotension, autonomic dysfunction, or concomitant treatment with antihypertensives or strong CYP and P-gp/BCRP inhibitors. Consider a dose reduction if patient develops signs or symptoms of hypotension.

Bleeding. In the placebo-controlled clinical trials, serious bleeding occurred in 2.4% of patients taking Adempas compared to 0% of placebo patients. Serious hemoptysis occurred in 5 (1%) patients taking Adempas compared to 0 placebo patients, including one event with fatal outcome. Serious hemorrhagic events also included 2 patients with vaginal hemorrhage, 2 with catheter-site hemorrhage, and 1 each with subdural hematoma, hematemesis, and intra-abdominal hemorrhage.

Pulmonary Veno-Occlusive Disease. Pulmonary vasodilators may significantly worsen the cardiovascular status of patients with pulmonary veno-occlusive disease (PVOD). Therefore, administration of Adempas to such patients is not recommended. Should signs of pulmonary edema occur, the possibility of associated PVOD should be considered and if confirmed, discontinue treatment with Adempas.

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions occurring more frequently (≥3%) on Adempas than placebo were headache (27% vs 18%), dyspepsia/gastritis (21% vs 8%), dizziness (20% vs 13%), nausea (14% vs 11%), diarrhea (12% vs 8%), hypotension (10% vs 4%), vomiting (10% vs 7%), anemia (7% vs 2%), gastroesophageal reflux disease (5% vs 2%), and constipation (5% vs 1%).

Other events that were seen more frequently in Adempas compared to placebo and potentially related to treatment were palpitations, nasal congestion, epistaxis, dysphagia, abdominal distension, and peripheral edema.

Please see additional Important Safety Information, including Boxed Warning. The full Prescribing Information and Medication Guide can be accessed at: https://labeling.bayerhealthcare.com/html/products/pi/Adempas_PI.pdf.

References: 1. Daily Metric Report Data on file. United Biosource Corporation. Accessed January 30, 2026. **2.** Adempas Prescribing Information. Whippany, NJ. Bayer Pharmaceuticals Inc., 2026.

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