

New Hampshire Medicaid Fee-for-Service Program

Pulmonary Arterial Hypertension Criteria

Phosphodiesterase Type 5 (PDE-5) Inhibitors Only

Approval Date: August 7, 2020

Medications

Brand Names	Generic Names	Dosage
Adcirca®	tadalafil	20 mg
Revatio®	sildenafil	20 mg tablet, injection: 10 mg/12.5 mL in a single use vial; oral suspension: 10 mg/mL

Criteria for Approval

1. Patient is ≥ 18 years old; **AND**
2. Diagnosis of pulmonary arterial hypertension; **AND**
3. Prescribed by or in consultation with a cardiologist or pulmonologist experienced in the diagnosis and treatment of pulmonary hypertension; **AND**
4. For oral suspension **ONLY**, is unable to take oral tablets.

Criteria for Denial

1. Diagnosis of erectile dysfunction
2. Concomitant use of organic nitrates
3. Concomitant use of Guanylate Cyclase (GC) Stimulators or other PAH medications
4. Sildenafil only: Concomitant use with HIV protease inhibitors or elvitegravir/cobicistat/tenofovir/emtricitabine

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	03/20/2017
Commissioner	Approval	06/08/2017
DUR Board	Review	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Review	06/30/2020
Commissioner Designee	Approval	08/07/2020