

# New Hampshire Medicaid Fee-for-Service Program

## Pulmonary Arterial Hypertension Criteria

### Phosphodiesterase Type 5 (PDE-5) Inhibitors and Combinations Criteria

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Approval Date: June 5, 2025

## Medications

Brand Names	Generic Names	Dosage
<b>Opsynvi</b>	macitentan and tadalafil	10 mg/20 mg and 10 mg/40 mg tablets
<b>Liqrev</b>	sildenafil	10 mg/mL oral suspension
<b>Revatio</b>	sildenafil	20 mg tablet, 10 mg/mL oral suspension; 10 mg/12.5 mL injection
<b>Adcirca</b>	tadalafil	20 mg
<b>Tadliq</b>	tadalafil	20 mg/5 mL oral suspension

## Criteria for Approval

1. Diagnosis of pulmonary arterial hypertension (PAH); **AND**
2. Prescribed by or in consultation with a cardiologist or pulmonologist experienced in the diagnosis and treatment of PAH; **AND**
3. For oral suspension **only**, is unable to take oral tablets.
4. For combination products **only**, patient is unable to take separate drugs, has demonstrated non-compliance, or is having difficulty due to drug shortage.

## Criteria for Denial

1. Diagnosis of erectile dysfunction without a diagnosis of PAH
2. Drug interactions that are noted to be contraindicated:
  - a. Concomitant use of organic nitrates
  - b. Concomitant use of guanylate cyclase (GC) stimulators
  - c. Moderate to strong CYP3A inhibitors and inducers

**Non-Preferred drugs on the preferred drug list (PDL) require additional PA.**

## 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
DUR Board	Review	12/02/2021
Commissioner Designee	Approval	01/14/2022
DUR Board	Review	06/19/2023
Commissioner Designee	Approval	06/29/2023
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Commissioner Designee	Approval	01/22/2024
DUR Board	Review	04/08/2025
Commissioner Designee	Approval	06/05/2025