

New Hampshire Medicaid Fee-for-Service Program Pulmonary Arterial Hypertension Criteria Phosphodiesterase Type 5 (PDE-5) Inhibitors Only

Approval Date: January 22, 2024

Medications

Brand Names	Generic Names	Dosage
Liqrev®	sildenafil	10 mg/mL oral suspension
Revatio®	sildenafil	20 mg tablet, 10 mg/mL oral suspension; 10 mg/12.5 mL injection
Adcirca®	tadalafil	20 mg
Tadliq®	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.

Criteria for Denial

1. Diagnosis of erectile dysfunction without a diagnosis of PAH
2. Concomitant use of organic nitrates
3. Concomitant use of guanylate cyclase (GC) Stimulators or other PAH medications
4. Sildenafil only: concomitant use with human immunodeficiency virus (HIV) protease inhibitors, elvitegravir, cobicistat, tenofovir, or emtricitabine

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

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