

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

Approval Date: June 5, 2025

Medications

Brand Names	Generic Names	Dosage
Opsynvi	macitentan and tadalafil	10 mg/20 mg and 10 mg/40 mg tablets
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.
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.

Proprietary & Confidential

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Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	03/20/2017
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