

ALASKA MEDICAID
Prior Authorization Criteria

Adcirca[®] (tadalafil)

INDICATIONS AND USAGE

A phosphodiesterase 5 (PDE5) inhibitor indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise ability

APPROVAL CRITERIA

1. The patient has a diagnosis of PAH (WHO Group I); **AND**
2. The patient has been diagnosed with pulmonary arterial hypertension (WHO Group I); **AND**
3. The patient is not currently being treated with or taking any nitrate products; **AND**
4. The patient has trialed generic sildenafil; **OR**
5. The patient has a documented allergy or hypersensitivity to a component of all available generic sildenafil.

DENIAL CRITERIA:

- The patient is on any nitrate product.

DURATION OF APPROVAL:

- Approval may be granted up to 1 year

QUANTITY LIMIT:

- Quantity limit is 2 tablets per day.

REFERENCES / FOOTNOTES:

1. Adcirca[®] [package insert]. Indianapolis, IN; Eli Lilly and Company, April 2014.