

ALASKA MEDICAID  
Prior Authorization Criteria

**Adcirca<sup>®</sup> (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<sup>®</sup> [package insert]. Indianapolis, IN; Eli Lilly and Company, April 2014.