



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Adcirca™ (tadalafil)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have diagnosis of Pulmonary Arterial Hypertension (PAH)
- Member is required to have been seen by or has had a consult by an appropriate specialist for pulmonary arterial hypertension (e.g., cardiologist, pulmonologist, primary care center at a large hospital, etc.)