

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

PDE-5 Inhibitors

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Removed GCNs for Ofsynvi (55466, 51671) from the Drugs Requiring Prior Authorization section – Please see the Pulmonary Hypertension Agents guide for this medication



PDE-5 Inhibitors

Drugs Requiring Prior Authorization

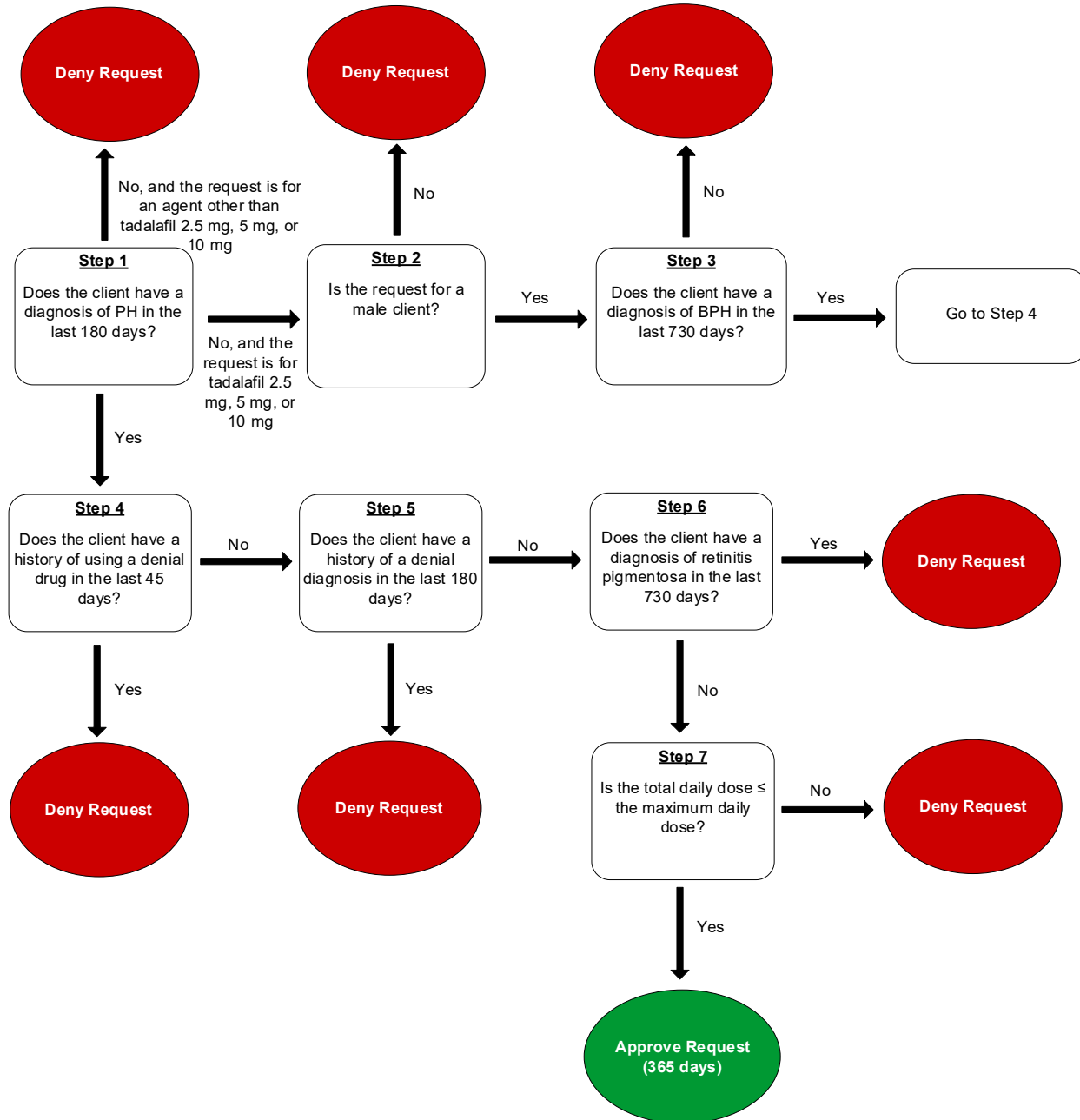
The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ADCIRCA 20 MG TABLET	26587
ALYQ 20 MG TABLET	26587
REVATIO 20 MG TABLET	24758
REVATIO 10MG/ML ORAL SUSPENSION	33186
SILDENAFIL 20 MG TABLET	24758
SILDENAFIL 10 MG/ML ORAL SUSP	33186
TADALAFIL 10 MG TABLET	18995
TADALAFIL 20 MG TABLET	26587
TADALAFIL 20 MG TABLET	18996
TADALAFIL 2.5 MG TABLET	99409
TADALAFIL 5 MG TABLET	20736
TADLIQ 20MG/5ML SUSPENSION	52585

**PDE-5 Inhibitors**
Clinical Criteria Logic

1. Does the client have a [diagnosis of pulmonary hypertension \(PH\)](#) in the last 180 days?
 - Yes – Go to #4
 - No (And request is for tadalafil 2.5 mg, 5 mg, or 10 mg) – Go to #2
 - No (And request is for an agent other than tadalafil 2.5 mg, 5 mg, or 10 mg) – Deny
2. Is the request for a male client?
 - Yes – Go to #3
 - No – Deny
3. Does the client have a [diagnosis of benign prostatic hyperplasia \(BPH\)](#) in the last 730 days?
 - Yes – Go to #4
 - No – Deny
4. Does the client have a history of using a [denial drug \(nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir\)](#) in the last 45 days?
 - Yes – Deny
 - No – Go to #5
5. Does the client have a history of a [denial diagnosis \(sickle cell disorders, multiple myeloma, leukemia, or cardiac condition\)](#) in the last 180 days?
 - Yes – Deny
 - No – Go to #6
6. Does the client have a [diagnosis of retinitis pigmentosa](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #7
7. Based on the client's diagnosis, is the total daily dose less than or equal to (\leq) the [maximum daily dose](#)?
 - Yes – Approve (365 days)
 - No – Deny

PAXPRESS™ **PDE-5 Inhibitors**
Clinical Criteria Logic Diagram





PDE-5 Inhibitors

Clinical Criteria Supporting Tables

Table 1 (diagnosis of pulmonary hypertension)

Required diagnosis: 1

Look back timeframe: 180 days

ICD-10 Code	Description
I270	PRIMARY PULMONARY HYPERTENSION
I271	KYPHOSCOLIOTIC HEART DISEASE
I272	OTHER SECONDARY PULMONARY HYPERTENSION
I2789	OTHER SPECIFIED PULMONARY HEART DISEASES

Table 3 (diagnosis of benign prostatic hyperplasia)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
N401	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS
N403	NODULAR PROSTATE WITH LOWER URINARY TRACT SYMPTOMS

Table 4 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir)

Required diagnosis: 1

Look back timeframe: 45 days

Label Name	GCN
ADEMPAS 0.5 MG TABLET	35376
ADEMPAS 1 MG TABLET	35377
ADEMPAS 1.5 MG TABLET	35383
ADEMPAS 2 MG TABLET	35384

Table 4 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir)	
Required diagnosis: 1	
Look back timeframe: 45 days	
Label Name	GCN
ADEMPAS 2.5 MG TABLET	35385
ALFUZOSIN HCL ER 10 MG TABLET	92024
BIAXIN 250 MG TABLET	48852
BIAXIN 250 MG/5 ML SUSPENSION	11671
BIAXIN 500 MG TABLET	48851
BIDIL TABLET	24925
CARDURA 1 MG TABLET	33431
CARDURA 2 MG TABLET	33432
CARDURA 4 MG TABLET	33433
CARDURA 8 MG TABLET	33434
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
DILATRATE-SR 40 MG CAPSULE	01910
DOXAZOSIN MESYLATE 1 MG TAB	33431
DOXAZOSIN MESYLATE 2 MG TAB	33432
DOXAZOSIN MESYLATE 4 MG TAB	33433
DOXAZOSIN MESYLATE 8 MG TAB	33434
DUTASTERIDE-TAMSULOSIN 0.5-0.4	28596

Table 4 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir)	
Required diagnosis: 1	
Look back timeframe: 45 days	
Label Name	GCN
FLOMAX 0.4 MG CAPSULE	48191
INVIRASE 200 MG CAPSULE	26760
INVIRASE 500 MG TABLET	23952
ISOSORBIDE DN 10 MG TABLET	01942
ISOSORBIDE DN 20 MG TABLET	01944
ISOSORBIDE DN 30 MG TABLET	01945
ISOSORBIDE DN 40 MG TABLET	01946
ISOSORBIDE DN 5 MG TABLET	01947
ISOSORBIDE DN ER 40 MG TABLET	01960
ISOSORBIDE MN 10 MG TABLET	01932
ISOSORBIDE MN 120 MG TAB SA	48103
ISOSORBIDE MN 20 MG TABLET	01931
ISOSORBIDE MN 60 MG TAB SA	48102
ISOSORBIDE MN ER 30 MG TABLET	48104
ITRACONAZOLE 100 MG CAPSULE	49101
JALYN 0.5-0.4 MG CAPSULE	28596
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETEK 300 MG TABLET	25905
KETEK 400 MG TABLET	15175
KETOCONAZOLE 200 MG TABLET	42590
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269

Table 4 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir)	
Required diagnosis: 1	
Look back timeframe: 45 days	
Label Name	GCN
MINIPRESS 1 MG CAPSULE	01250
MINIPRESS 2 MG CAPSULE	01251
MINIPRESS 5 MG CAPSULE	01252
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NITRO-BID 2% OINTMENT	01720
NITRO-DUR 0.1 MG/HR PATCH	01741
NITRO-DUR 0.2 MG/HR PATCH	01742
NITRO-DUR 0.3 MG/HR PATCH	01743
NITRO-DUR 0.4 MG/HR PATCH	01740
NITRO-DUR 0.6 MG/HR PATCH	01744
NITRO-DUR 0.8 MG/HR PATCH	01746
NITROGLYCERIN 0.1 MG/HR PATCH	01741
NITROGLYCERIN 0.2 MG/HR PATCH	01742
NITROGLYCERIN 0.4 MG/HR PATCH	01740
NITROGLYCERIN 0.6 MG/HR PATCH	01744
NITROGLYCERIN ER 2.5 MG CAP	01681
NITROGLYCERIN LINGUAL 0.4 MG	92257
NITROLINGUAL 0.4 MG SPRAY	92257
NITROMIST 400 MCG SPRAY	03380

Table 4 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir)	
Required diagnosis: 1	
Look back timeframe: 45 days	
Label Name	GCN
NITROSTAT 0.3 MG TABLET SL	01771
NITROSTAT 0.4 MG TABLET SL	01772
NITROSTAT 0.6 MG TABLET SL	01773
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224
NORVIR 100 MG POWDER PACKET	40309
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
PRAZOSIN 1 MG CAPSULE	01250
PRAZOSIN 2 MG CAPSULE	01251
PRAZOSIN 5 MG CAPSULE	01252
PREVPAC PATIENT PACK	64269
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
TAMSULOSIN HCL 0.4 MG CAPSULE	48191
TERAZOSIN 1 MG CAPSULE	47124
TERAZOSIN 10 MG CAPSULE	47127
TERAZOSIN 2 MG CAPSULE	47125
TERAZOSIN 5 MG CAPSULE	47126
UROXATRAL 10 MG TABLET	92024
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513

Table 4 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir) Required diagnosis: 1 Look back timeframe: 45 days	
Label Name	GCN
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VICTRELIS 200 MG CAPSULE	29941
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
C882	HEAVY CHAIN DISEASE
C883	IMMUNOPROLIFERATIVE SMALL INTESTINAL DISEASE
C888	OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES
C889	MALIGNANT IMMUNOPROLIFERATIVE DISEASE, UNSPECIFIED
C9000	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION
C9001	MULTIPLE MYELOMA IN REMISSION
C9002	MULTIPLE MYELOMA IN RELAPSE
C9010	PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
C9011	PLASMA CELL LEUKEMIA IN REMISSION
C9012	PLASMA CELL LEUKEMIA IN RELAPSE
C9020	EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9021	EXTRAMEDULLARY PLASMACYTOMA IN REMISSION
C9022	EXTRAMEDULLARY PLASMACYTOMA IN RELAPSE
C9030	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9031	SOLITARY PLASMACYTOMA IN REMISSION
C9032	SOLITARY PLASMACYTOMA IN RELAPSE
C9100	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9101	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION
C9102	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE
C9110	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9111	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION
C9112	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE
C9130	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9131	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN REMISSION
C9132	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE
C9150	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED) NOT HAVING ACHIEVED REMISSION
C9151	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN REMISSION
C9152	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN RELAPSE
C9160	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE NOT HAVING ACHIEVED REMISSION

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
C9161	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN REMISSION
C9162	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN RELAPSE
C9190	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION
C9191	LYMPHOID LEUKEMIA, UNSPECIFIED, IN REMISSION
C9192	LYMPHOID LEUKEMIA, UNSPECIFIED, IN RELAPSE
C91A0	MATURE B-CELL LEUKEMIA BURKITT-TYPE NOT HAVING ACHIEVED REMISSION
C91A1	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION
C91A2	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN RELAPSE
C91Z0	OTHER LYMPHOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C91Z1	OTHER LYMPHOID LEUKEMIA, IN REMISSION
C91Z2	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
C9200	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9201	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION
C9202	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE
C9210	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, NOT HAVING ACHIEVED REMISSION
C9211	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION
C9212	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN RELAPSE
C9220	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, NOT HAVING ACHIEVED REMISSION
C9221	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN REMISSION
C9222	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN RELAPSE
C9230	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION
C9231	MYELOID SARCOMA, IN REMISSION

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
C9232	MYELOID SARCOMA, IN RELAPSE
C9240	ACUTE PROMYELOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9241	ACUTE PROMYELOCYTIC LEUKEMIA, IN REMISSION
C9242	ACUTE PROMYELOCYTIC LEUKEMIA, IN RELAPSE
C9250	ACUTE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9251	ACUTE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9252	ACUTE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9260	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY NOT HAVING ACHIEVED REMISSION
C9261	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN REMISSION
C9262	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN RELAPSE
C9290	MYELOID LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9291	MYELOID LEUKEMIA, UNSPECIFIED IN REMISSION
C9292	MYELOID LEUKEMIA, UNSPECIFIED IN RELAPSE
C92A0	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, NOT HAVING ACHIEVED REMISSION
C92A1	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN REMISSION
C92A2	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN RELAPSE
C92Z0	OTHER MYELOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C92Z1	OTHER MYELOID LEUKEMIA, IN REMISSION
C92Z2	OTHER MYELOID LEUKEMIA, IN RELAPSE
C9300	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9301	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN REMISSION
C9302	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN RELAPSE

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
C9310	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9311	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9312	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9330	JUVENILE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9331	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9332	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9390	MONOCYTIC LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9391	MONOCYTIC LEUKEMIA, UNSPECIFIED IN REMISSION
C9392	MONOCYTIC LEUKEMIA, UNSPECIFIED IN RELAPSE
C93Z0	OTHER MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C93Z1	OTHER MONOCYTIC LEUKEMIA, IN REMISSION
C93Z2	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
C9400	ACUTE ERYTHROID LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9401	ACUTE ERYTHROID LEUKEMIA, IN REMISSION
C9402	ACUTE ERYTHROID LEUKEMIA, IN RELAPSE
C9420	ACUTE MEGAKARYOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9421	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN REMISSION
C9422	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN RELAPSE
C9430	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9431	MAST CELL LEUKEMIA, IN REMISSION
C9432	MAST CELL LEUKEMIA, IN RELAPSE
C9480	OTHER SPECIFIED LEUKEMIAS NOT HAVING ACHIEVED REMISSION

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
C9481	OTHER SPECIFIED LEUKEMIAS, IN REMISSION
C9482	OTHER SPECIFIED LEUKEMIAS, IN RELAPSE
D45	POLYCYTHEMIA VERA
D5700	HB-SS DISEASE WITH CRISIS, UNSPECIFIED
D5701	HB-SS DISEASE WITH ACUTE CHEST SYNDROME
D5702	HB-SS DISEASE WITH SPLENIC SEQUESTRATION
D571	SICKLE-CELL DISEASE WITHOUT CRISIS
D5720	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
D57211	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME
D57212	SICKLE-CELL/HB-C DISEASE WITH SPLENIC SEQUESTRATION
D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED
D573	SICKLE-CELL TRAIT
D5740	SICKLE-CELL THALASSEMIA WITHOUT CRISIS
D57411	SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYNDROME
D57412	SICKLE-CELL THALASSEMIA WITH SPLENIC SEQUESTRATION
D57419	SICKLE-CELL THALASSEMIA WITH CRISIS, UNSPECIFIED
D5780	OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS
D57811	OTHER SICKLE-CELL DISORDERS WITH ACUTE CHEST SYNDROME
D57812	OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION
D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS, UNSPECIFIED
I10	ESSENTIAL (PRIMARY) HYPERTENSION
I200	UNSTABLE ANGINA
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I220	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF ANTERIOR WALL
I221	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF INFERIOR WALL
I222	SUBSEQUENT NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I228	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF OTHER SITES
I229	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I241	DRESSLER'S SYNDROME
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I249	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED
I25110	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
I25700	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH UNSTABLE ANGINA PECTORIS
I25701	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH UNSTABLE ANGINA PECTORIS WITH DOCUMENTED SPASM
I25708	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH OTHER FORMS OF ANGINA PECTORIS
I25709	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH UNSPECIFIED ANGINA PECTORIS
I25710	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN CORONARY ARTERY BYPASS GRAFT(S) WITH UNSTABLE ANGINA PECTORIS
I25720	ATHEROSCLEROSIS OF AUTOLOGOUS ARTERY CORONARY ARTERY BYPASS GRAFT(S) WITH UNSTABLE ANGINA PECTORIS
I25730	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL CORONARY ARTERY BYPASS GRAFT(S) WITH UNSTABLE ANGINA PECTORIS
I25750	ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART WITH UNSTABLE ANGINA
I25760	ATHEROSCLEROSIS OF BYPASS GRAFT OF CORONARY ARTERY OF TRANSPLANTED HEART WITH UNSTABLE ANGINA
I25790	ATHEROSCLEROSIS OF OTHER CORONARY ARTERY BYPASS GRAFT(S) WITH UNSTABLE ANGINA PECTORIS
I462	CARDIAC ARREST DUE TO UNDERLYING CARDIAC CONDITION
I468	CARDIAC ARREST DUE TO OTHER UNDERLYING CONDITION
I469	CARDIAC ARREST, CAUSE UNSPECIFIED
I470	RE-ENTRY VENTRICULAR ARRHYTHMIA
I471	SUPRAVENTRICULAR TACHYCARDIA
I472	VENTRICULAR TACHYCARDIA
I479	PAROXYSMAL TACHYCARDIA, UNSPECIFIED
I480	PAROXYSMAL ATRIAL FIBRILLATION

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
I481	PERSISTENT ATRIAL FIBRILLATION
I482	CHRONIC ATRIAL FIBRILLATION
I483	TYPICAL ATRIAL FLUTTER
I484	ATYPICAL ATRIAL FLUTTER
I4891	UNSPECIFIED ATRIAL FIBRILLATION
I4892	UNSPECIFIED ATRIAL FLUTTER
I4901	VENTRICULAR FIBRILLATION
I4902	VENTRICULAR FLUTTER
I491	ATRIAL PREMATURE DEPOLARIZATION
I492	JUNCTIONAL PREMATURE DEPOLARIZATION
I493	VENTRICULAR PREMATURE DEPOLARIZATION
I4940	UNSPECIFIED PREMATURE DEPOLARIZATION
I4949	OTHER PREMATURE DEPOLARIZATION
I495	SICK SINUS SYNDROME
I498	OTHER SPECIFIED CARDIAC ARRHYTHMIAS
I499	CARDIAC ARRHYTHMIA, UNSPECIFIED
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE

Table 5 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED
I950	IDIOPATHIC HYPOTENSION
I951	ORTHOSTATIC HYPOTENSION
I952	HYPOTENSION DUE TO DRUGS
I953	HYPOTENSION OF HEMODIALYSIS
I9581	POSTPROCEDURAL HYPOTENSION
I9589	OTHER HYPOTENSION
I959	HYPOTENSION, UNSPECIFIED
N485	ULCER OF PENIS
N4881	THROMBOSIS OF SUPERFICIAL VEIN OF PENIS
N4882	ACQUIRED TORSION OF PENIS
N4883	ACQUIRED BURIED PENIS
N4889	OTHER SPECIFIED DISORDERS OF PENIS
R001	BRADYCARDIA, UNSPECIFIED

Table 6 (diagnosis of retinitis pigmentosa)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
H3552	PIGMENTARY RETINAL DYSTROPHY

Table 7 (maximum daily dose)	
Drug Name	Recommended Dose
Tadalafil 2.5 mg, 5 mg, 10 mg	Diagnosis of BPH: 5 mg daily
Adcirca, Alyq, tadalafil 20 mg, Tadliq	Diagnosis of PH: 40 mg daily
Revatio, sildenafil	Diagnosis of PH: 240 mg daily



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Clinical Criteria References

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
01/31/2011	<ul style="list-style-type: none"> Initial publication and posting to website
02/17/2012	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization In the “Clinical Edit Criteria Supporting Tables” section, revised tables to specify the diagnosis codes pertinent to steps 1, 3, and 4 of the logic diagram In the “Clinical Edit Criteria Supporting Tables” section, revised table to specify the drug names and GCNs pertinent to step 2 of the logic diagram In the “Clinical Edit Criteria Logic” section, revised wording associated with steps 2 and 3 to further clarify the information In the “Clinical Edit Criteria Diagram” section, revised wording associated with steps 2 and 3 to further clarify the information
02/27/2015	<ul style="list-style-type: none"> Added GCN for Revatio oral suspension in the “Drugs Requiring Prior Authorization” table
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
07/29/2015	<ul style="list-style-type: none"> Updated Step 5 in the Clinical Edit Criteria logic and logic diagram to mg/day (replaces units/day) Updated GCNs in Step 2 of Supporting Tables
08/11/2017	<ul style="list-style-type: none"> Annual review by staff Added Adcirca to “Drugs Requiring PA” Updated Table 2 Updated References
06/25/2018	<ul style="list-style-type: none"> Removed ICD-9 codes Removed Tracleer GCNs from Table 2
03/29/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table

Publication Date	Notes
09/25/2019	<ul style="list-style-type: none"> Added GCN for tadalafil 5mg to drug table Added benign prostatic hyperplasia (BPH) as a diagnosis to criteria logic, logic diagram and supporting tables
11/08/2019	<ul style="list-style-type: none"> Updated each instance of sildenafil/tadalafil to read 'PDE5-Inhibitors'
04/15/2021	<ul style="list-style-type: none"> Annual review by staff Added GCNs for generic sildenafil 10 mg/mL suspension (33186) to drug table Added GCNs for isosorbide (01946) to Table 4 Updated references
10/06/2021	<ul style="list-style-type: none"> Added Alyq 20 mg tablet (GCN 26587) to drug table
10/31/2022	<ul style="list-style-type: none"> Annual review by staff Added the following GCNs to table 4: Dutasteride-Tamsulosin 0.5-0.4 (28596), Norvir 100 mg powder packet (40309) Updated references
02/17/2023	<ul style="list-style-type: none"> Added GCNs for tadalafil 2.5 and 10mg tablets (99409, 18995) and added to approval path for BPH
05/15/2023	<ul style="list-style-type: none"> Added GCN for Tadiq 20mg/5mL suspension (52585) to PA drug table
02/28/2024	<ul style="list-style-type: none"> Updated maximum dose for sildenafil in the dosing table
05/21/2024	<ul style="list-style-type: none"> Added GCN for tadalafil 20mg (18996) to drugs requiring PA
06/30/2024	<ul style="list-style-type: none"> Annual review by staff Updated references
02/28/2025	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Opsyvni (55466, 51671) to the Drugs Requiring Prior Authorization section Updated references
08/14/2025	<ul style="list-style-type: none"> Removed GCNs for Opsyvni (55466, 51671) from the Drugs Requiring Prior Authorization section – Please see the Pulmonary Hypertension Agents guide for this medication