

POLICY NAME	Revatio (sildenafil)	POLICY #	1976P
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Criteria

Coverage Criteria for Pulmonary Arterial Hypertension (PAH)

- ☐ 1.1 See Pulmonary Arterial Hypertension products policy

Coverage Criteria for Raynaud Phenomenon

- ☐ 2.1 Diagnosis of Raynaud's Phenomenon
- ☐ 2.2 Documented inadequate response to a Calcium Channel Blocker (CCB; such as amlodipine)
- ☐ 2.3 Documented failure to respond, intolerance, or contraindication to topical nitrates
- ☐ 2.4 Coverage of Revatio requires a documented allergic reaction to generic sildenafil

Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 Concurrent use of organic nitrates