Pharmacy Drug Policy & Procedure

Policy Name:	Revatio (sildenafil)	Policy #:	1976P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Revatio and sildenafil.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Revatio or sildenafil under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for Pulmonary Arterial Hypertension (PAH)

1.1 See Pulmonary Arterial Hypertension products policy

2. 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

3. Exclusion Criteria

3.1 Concurrent use of organic nitrates

4. Approval Period

4.1 Initial: 12 months

4.2 Reauthorization: 12 months with documented beneficial response

CPT Codes

HCPCS Codes

References

1. Revatio (sildenafil citrate) [prescribing information]. Morgantown, WV: Viatris Specialty LLC; January 2023.
2. Kowal-Bielecka O, Fransen J, Avouac J, et al; EUSTAR Coauthors. Update of EULAR recommendations for the treatment of systemic sclerosis. Ann Rheum Dis. 2017;76(8):1327-1339.
3. Maltez N, Maxwell LJ, Rirash F, et al. Phosphodiesterase 5 inhibitors (PDE5i) for the treatment of Raynaud's phenomenon. Cochrane Database Syst Rev 2023; 11:CD014089.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.