

POLICY NAME	Revatio (sildenafil)	POLICY #	1976P
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Criteria

Coverage Criteria for Pulmonary Arterial Hypertension (PAH)

- ☐ See Pulmonary Arterial Hypertension products policy

Coverage Criteria for Raynaud Phenomenon

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

Exclusion Criteria – Any of the following prevents coverage

- ☐ Concurrent use of organic nitrates