

## REVATIO, LIQREV (sildenafil)

### Pre - PA Allowance

None

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### Prior-Approval Requirements

#### Diagnoses

Patient must have **ONE** of the following

1. Pulmonary Arterial Hypertension - WHO Group I
  - a. NYHA functional classification of physical activity - Class II or III
  - b. Prescribed by or recommended by a cardiologist or pulmonologist
2. Raynaud's syndrome
  - a. Inadequate treatment response, intolerance, or contraindication to **TWO** of the following:
    - i. Calcium channel blockers
    - ii. Alpha adrenergic receptor blockers
    - iii. Angiotensin II receptor antagonist

**AND NONE** of the following:

1. Concurrent therapy with any nitrates (in any form)
2. Concurrent therapy with another phosphodiesterase-5 (PDE5) inhibitor
3. Concurrent therapy with Guanylate Cyclase (GC) Stimulators
4. Concurrent therapy with alpha blockers

**AND ALL** of the following:

1. Prescriber agrees to counsel and evaluate the patient for sudden loss of vision or hearing associated with this medication
2. **Brand Revatio only:** Patient **MUST** have tried the preferred product (generic Revatio: sildenafil) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

### Prior - Approval Limits

Duration     2 years

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### Prior – Approval *Renewal* Requirements



Federal Employee Program.

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### Diagnoses

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1. Pulmonary Arterial Hypertension - WHO Group I
2. Raynaud's syndrome

**AND NONE** of the following:

1. Concurrent therapy with any nitrates (in any form)
2. Concurrent therapy with another phosphodiesterase-5 (PDE5) inhibitor
3. Concurrent therapy with Guanylate Cyclase (GC) Stimulators
4. Concurrent therapy with alpha blockers

**AND ALL** of the following:

1. Symptoms have improved or stabilized
2. Prescriber agrees to counsel and evaluate the patient for sudden loss of vision or hearing associated with this medication
3. **Brand Revatio only:** Patient **MUST** have tried the preferred product (generic Revatio: sildenafil) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

### Prior – Approval *Renewal* Limits

Same as above