BlueCross BlueShield
Federal Employee Program

REVATIO, LIQREV (sildenafil)

Pre - PA Allowance

None

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

Prior – Approval *Renewal* Requirements

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Federal Employee Program

REVATIO, LIQREV (sildenafil)

Diagnoses

Patient must have **ONE** of the following

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