



## Prior Authorization Approval Criteria

### *Revatio (sildenafil)*

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|---|---|
| <b>Generic name:</b>                                    | sildenafil  |
| <b>Brand name:</b>                                      | Revatio   |
| <b>Medication class:</b>                                | vasodilators; phosphodiesterase Type 5 inhibitors                                       |
| <b>FDA-approved uses:</b>                               | Treatment of pulmonary arterial hypertension (WHO group I) to improve exercise ability. |
| <b>Available dosage forms:</b>                          | 20mg Tablets  |
| <b>Usual dose:</b>                                      | 20 mg three times a day   |
| <b>Approximate monthly cost:</b><br>(based on AWP 2009) | \$1495.50   |
| <b>Duration of therapy:</b>                             | indefinite  |

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Clinical diagnosis of pulmonary hypertension WHO group I.
- Patients with NYHA class II-IV.
- Must have tried and failed a calcium channel blocker if they have a positive vasoreactivity test.

**Contraindication:**

- Patients receiving organic nitrates in any form, either regularly or intermittently due to potentiation of the hypotensive effects of nitrates.
- Hypersensitivity reaction to Revatio.

**Not approved if:**

- Patient does not meet the above stated criteria.
- Patient has any contraindications to the use of Revatio.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 10/12/05

Revised: 12/09/09