

Reference number(s)
1651-A

SPECIALTY GUIDELINE MANAGEMENT

Revatio (sildenafil tablets and oral suspension) sildenafil tablets (generic)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Sildenafil/Revatio is indicated for the treatment of pulmonary arterial hypertension (World Health Organization [WHO] Group 1) in adults to improve exercise ability and delay clinical worsening.

Limitation of use: Adding sildenafil to bosentan therapy does not result in any beneficial effect on exercise capacity.

B. Compendial Use

Secondary Raynaud's phenomenon (*Tablets only*)

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. **Pulmonary Arterial Hypertension (PAH)**

Authorization of 12 months may be granted for treatment of PAH when ALL of the following criteria are met:

1. Member has PAH defined as WHO Group 1 class of pulmonary hypertension (refer to Appendix).
2. PAH was confirmed by either criterion (i) or criterion (ii) below:
 - i. Pretreatment right heart catheterization with all of the following results:
 - a. mPAP > 20 mmHg
 - b. PCWP ≤ 15 mmHg
 - c. PVR ≥ 3 Wood units
 - ii. For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.

B. **Secondary Raynaud's Phenomenon**

Authorization of 12 months may be granted for treatment of secondary Raynaud's phenomenon when the member has had an inadequate response to one of the following medications:

1. Calcium channel blockers
2. Angiotensin receptor blockers
3. Selective serotonin reuptake inhibitors
4. Alpha blockers
5. Topical nitrates

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III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for members with an indication listed in Section II who are currently receiving the requested medication through a paid pharmacy or medical benefit, and who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

IV. APPENDIX

WHO Classification of Pulmonary Hypertension

1 PAH

- 1.1 Idiopathic (PAH)
- 1.2 Heritable PAH
- 1.3 Drug- and toxin-induced PAH
- 1.4. PAH associated with:
 - 1.4.1 Connective tissue diseases
 - 1.4.2 HIV infection
 - 1.4.3 Portal hypertension
 - 1.4.4 Congenital heart diseases
 - 1.4.5 Schistosomiasis
- 1.5 PAH long-term responders to calcium channel blockers
- 1.6 PAH with overt features of venous/capillaries (PVOD/PCH) involvement
- 1.7 Persistent PH of the newborn syndrome

2 PH due to left heart disease

- 2.1 PH due to heart failure with preserved LVEF
- 2.2 PH due to heart failure with reduced LVEF
- 2.3 Valvular heart disease
- 2.4 Congenital/acquired cardiovascular conditions leading to post-capillary PH

3 PH due to lung diseases and/or hypoxia

- 3.1 Obstructive lung disease
- 3.2 Restrictive lung disease
- 3.3 Other lung disease with mixed restrictive/obstructive pattern
- 3.4 Hypoxia without lung disease
- 3.5 Developmental lung disorders

4 PH due to pulmonary artery obstruction

- 4.1 Chronic thromboembolic PH
- 4.2 Other pulmonary artery obstructions
 - 4.2.1 Sarcoma (high or intermediate grade) or angiosarcoma
 - 4.2.2 Other malignant tumors
 - Renal carcinoma
 - Uterine carcinoma
 - Germ cell tumours of the testis
 - Other tumours
 - 4.2.3 Non-malignant tumours
 - Uterine leiomyoma
 - 4.2.4 Arteritis without connective tissue disease
 - 4.2.5 Congenital pulmonary artery stenosis

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4.2.6 Parasites Hydatidosis

5 PH with unclear and/or multifactorial mechanisms

- 5.1 Hematologic disorders: Chronic hemolytic anemia, myeloproliferative disorders
- 5.2 Systemic and metabolic disorders: Pulmonary Langerhans cell histiocytosis, Gaucher disease, glycogen storage disease, neurofibromatosis, sarcoidosis
- 5.3 Others: chronic renal failure with or without hemodialysis, fibrosing mediastinitis
- 5.4 Complex congenital heart disease

V. REFERENCES

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