

Alaska Medicaid

**Revatio® (Sildenafil)**

Tablet: 20mg

Injectable: 10mg/12.5mL

**INDICATIONS AND USAGE:**

“REVATIO is a phosphodiesterase-5 (PDE-5) inhibitor indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) in adults to improve exercise ability and delay clinical worsening. Studies establishing effectiveness were short-term (12 to 16 weeks), and included predominately patients with NYHA Functional Class II-III symptoms. Etiologies were idiopathic (71%) or associated with connective tissue disease (25%).

*Limitation of Use:* The efficacy of REVATIO has not been adequately evaluated in patients taking bosentan concurrently.”<sup>1</sup>

**CRITERIA FOR APPROVAL:**

1. The patient has been diagnosed with pulmonary arterial hypertension (WHO Group I); **AND**
2. The patient is not currently being treated with any nitrate product; **AND**
3. Age of recipient is 18 years of age or older

**LENGTH OF AUTHORIZATION:** Coverage may be approved for up to 12 months

**DISPENSING LIMIT:**

1. The dispensing limit is a 30 day supply of the medication with the following **QUANTITY LIMITS:**
  - a. Tablets, up to 3 per day ( #90 tablets)
  - b. Injection, up to 3 per day (#90 vials)

**REFERENCES / FOOTNOTES:**

<sup>1</sup> Revatio® package insert, available at: < <http://labeling.pfizer.com/ShowLabeling.aspx?id=645> >  
Accessed 09/06/2012