

PRIOR AUTHORIZATION CRITERIA

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|--|--|--------------------|
| DRUG CLASS | SILDENAFIL TABLETS AND SUSPENSION | |
| BRAND NAME (generic) | REVATIO (sildenafil citrate) | |
| | sildenafil citrate | |
| Status: CVS Caremark Criteria | | MDC |
| Type: Initial Prior Authorization | | Ref # 641-A |

FDA-APPROVED INDICATION¹

Revatio/sildenafil is indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) in adults to improve exercise ability and delay clinical worsening.

Studies establishing effectiveness were short-term (12 to 16 weeks), and included predominantly patients with New York Heart Association (NYHA) Functional Class II to III symptoms and idiopathic etiologies (71%) or associated with connective tissue disease (25%).

| <u>CRITERIA FOR APPROVAL</u> | | | |
|-------------------------------------|--|-----|----|
| 1 | Does the patient have a diagnosis of pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1)? [If no, no further questions.] | Yes | No |
| 2 | Has pulmonary arterial hypertension (PAH) been confirmed by right heart catheterization? [If no, no further questions.] | Yes | No |
| 3 | Has the patient previously received the prescribed drug for pulmonary arterial hypertension (PAH)? [If yes, no further questions.] | Yes | No |
| 4 | Does the patient meet all of the following criteria: 1) Pretreatment mean pulmonary arterial pressure greater than or equal to 25 mmHg, and 2) Pretreatment pulmonary capillary wedge pressure less than or equal to 15 mmHg, and 3) Pretreatment pulmonary vascular resistance greater than 3 Wood units? | Yes | No |

| Guidelines for Approval | | | |
|--------------------------------|--------------------------|----------------------------|--------------------------|
| Duration of Approval | | 12 months | |
| Set 1: PAH, renewal | | Set 2: PAH, initial | |
| Yes to question(s) | No to question(s) | Yes to question(s) | No to question(s) |
| 1 | None | 1 | 3 |
| 2 | | 2 | |
| 3 | | 4 | |

| Internal Use Only – Mapping Instructions | | |
|---|--------------------|-----------|
| | Yes | No |
| 1. | Go to 2 | Deny |
| 2. | Go to 3 | Deny |
| 3. | Approve, 12 months | Go to 4 |

| Internal Use Only – Mapping Instructions | | |
|--|--------------------|------|
| | Yes | No |
| 4. | Approve, 12 months | Deny |

RATIONALE

These criteria meet the Medicare Part D definition of a medically accepted indication. This definition includes uses which are approved by the FDA or supported by a citation included, or approved for inclusion, in one of the Medicare approved compendia.

The intent of the criteria is to ensure that patients follow selection elements noted in labeling and/or practice guidelines in order to decrease the potential for inappropriate utilization.

REFERENCES

1. Revatio [package insert]. New York, NY: Pfizer Inc.; April 2015.
2. Sildenafil citrate tablets [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; February 2016.
3. McLaughlin VV, Archer SL, Badesch DB, et al. ACCF/AHA 2009 expert consensus document on pulmonary hypertension a report of the American College of Cardiology Foundation Task Force on Expert Consensus Documents and the American Heart Association developed in collaboration with the American College of Chest Physicians; American Thoracic Society, Inc.; and the Pulmonary Hypertension Association. *J Am Coll Cardiol.* 2009;53(17):1573-1619.
4. Badesch DB, Champion HC, Gomez-Sanchez MA, et al. Diagnosis and assessment of pulmonary arterial hypertension. *J Am Coll Cardiol.* 2009;54:S55-S66.
5. Taichman DB, Ornelas J, Chung L, et al. Pharmacologic therapy for pulmonary arterial hypertension in adults. CHEST guideline and expert panel report. *Chest.* 2014;46(2):449-475.

DOCUMENT HISTORY

Written: JG 06/2005

Revised: (CT) 03/2006, 05/2006; (AK) 05/2007, MG 04/2008, AC 03/009, KH 05/2010 (Revatio Injection added), TG 02/2011 (split MDC-1 PA into commercial and MDC-2 PA criteria), KH 03/2011 (Added Adcirca step), KR 04/2011, 10/2011, DK 09/2012 (CMS), 09/2013; HY 09/2014 (CMS; separated inj. and tablets), KF 04/2015, JP 08/2015 (CMS), HY 10/2015 (CMS – Removed dosing limit for age < 18); KF 04/2016 (removed ped dose limit), 06/2016 (CMS), KF 09/2016 (CMS revision); ST 04/2016 (annual review, no change), 03/2017 (CMS 2017; simplification), 07/2017

Reviewed: CDPR/ MM 06/2005, 03/2006, WLF 05/2007, 04/2008, 05/2009, WLF/DL 05/2010; KP 03/2011, 03/2011, 05/2011, 05/2012, 04/2013; LCB 05/2013, DNC 06/2014, KRU 05/2015; DHR 04/2016; AN 09/2016; DNC 04/2016; ME 03/2017

External Review: 08/2005, 06/2006, 06/2007, 7/2008, 06/2009, 07/2010, 06/2011, 06/2012, 06/2013, 07/2014, 06/2015, 06/2016