

Texas Prior Authorization Program Clinical Edit Criteria

Drug/Drug Class

Revatio (Sildenafil)

Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Added a new section to specify the drugs requiring prior authorization
- In the “Clinical Edit Criteria Supporting Tables” section, revised tables to specify the diagnosis codes pertinent to steps 1, 3, and 4 of the logic diagram
- In the “Clinical Edit Criteria Supporting Tables” section, revised table to specify the drug names and GCNs pertinent to step 2 of the logic diagram
- In the “Clinical Edit Criteria Logic” section, revised wording associated with steps 2 and 3 to further clarify the information
- In the “Clinical Edit Criteria Diagram” section, revised wording associated with steps 2 and 3 to further clarify the information



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Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
REVATIO 20 MG TABLET	24758



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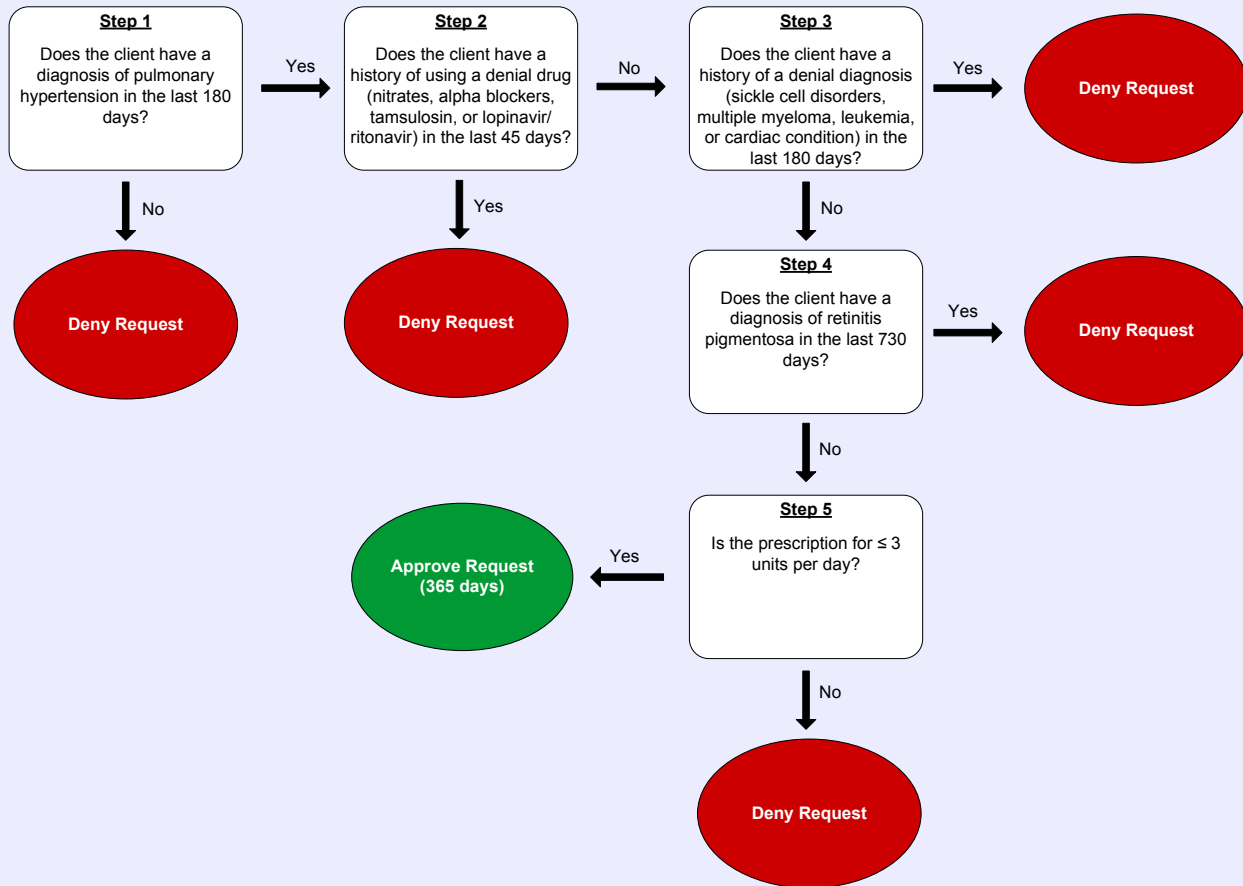
Clinical Edit Criteria Logic

1. Does the client have a diagnosis of pulmonary hypertension in the last 180 days?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a history of using a denial drug (nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir) in the past 45 days?
 Yes (Deny)
 No (Go to #3)
3. Does the client have a history of a denial diagnosis (sickle cell disorders, multiple myeloma, leukemia, or cardiac condition) in the last 180 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of retinitis pigmentosa in the last 730 days?
 Yes (Deny)
 No (Go to #5)
5. Is the prescription for less than or equal to (\leq) 3 units per day?
 Yes (Approve – 365 days)
 No (Deny)



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Clinical Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of pulmonary hypertension) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-9 Code	Description
4160	PRIM PULM HYPERTENSION
4161	KYPHOSCOLIOTIC HEART DIS
4168	CHR PULMON HEART DIS NEC

Step 2 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir) Required quantity: 1 Look back timeframe: 45 days	
Label Name	GCN
ALFUZOSIN HCL ER 10 MG TABLET	92024
BIDIL TABLET	24925
CARDURA 1 MG TABLET	33431
CARDURA 2 MG TABLET	33432
CARDURA 4 MG TABLET	33433
CARDURA 8 MG TABLET	33434
DILATRATE-SR 40 MG CAPSULE	01910
DOXAZOSIN MESYLATE 1 MG TAB	33431
DOXAZOSIN MESYLATE 2 MG TAB	33432
DOXAZOSIN MESYLATE 4 MG TAB	33433
DOXAZOSIN MESYLATE 8 MG TAB	33434
FLOMAX 0.4 MG CAPSULE	48191
IMDUR ER 30 MG TABLET	48104
IMDUR ER 60 MG TABLET	48102
IMDUR ER 120 MG TABLET	48103
ISMO 20 MG TABLET	01931
ISORDIL 5 MG TABLET	01947
ISORDIL 40 MG TABLET	01946
ISOSORBIDE DN 5 MG TABLET	01947
ISOSORBIDE DN 10 MG TABLET	01942
ISOSORBIDE DN 20 MG TABLET	01944

Step 2 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir)	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
ISOSORBIDE DN 30 MG TABLET	01945
ISOSORBIDE DN 2.5 MG TAB SL	01976
ISOSORBIDE DN 5 MG TABLET SL	01975
ISOSORBIDE DN ER 40 MG TABLET	01960
ISOSORBIDE MN 10 MG TABLET	01932
ISOSORBIDE MN 20 MG TABLET	01931
ISOSORBIDE MN 60 MG TAB SA	48102
ISOSORBIDE MN 120 MG TAB SA	48103
ISOSORBIDE MN ER 30 MG TABLET	48104
ISOSORBIDE MN ER 60 MG TABLET	48102
ISOSORBIDE MN ER 120 MG TAB	48103
JALYN 0.5-0.4 MG CAPSULE	28596
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
MINIPRESS 1 MG CAPSULE	01250
MINIPRESS 2 MG CAPSULE	01251
MINIPRESS 5 MG CAPSULE	01252
MINITRAN 0.1 MG/HR PATCH	01741
MINITRAN 0.2 MG/HR PATCH	01742
MINITRAN 0.4 MG/HR PATCH	01740
MINITRAN 0.6 MG/HR PATCH	01744
MONOKET 10 MG TABLET	01932
MONOKET 20 MG TABLET	01931
NITRO-DUR 0.1 MG/HR PATCH	01741
NITRO-DUR 0.2 MG/HR PATCH	01742
NITRO-DUR 0.3 MG/HR PATCH	01743
NITRO-DUR 0.4 MG/HR PATCH	01740
NITRO-DUR 0.6 MG/HR PATCH	01744
NITRO-DUR 0.8 MG/HR PATCH	01746
NITROGLYCERIN 0.1 MG/HR PATCH	01741
NITROGLYCERIN 0.2 MG/HR PATCH	01742
NITROGLYCERIN 0.4 MG/HR PATCH	01740
NITROGLYCERIN 0.6 MG/HR PATCH	01744
NITROGLYCERIN 0.3 MG TAB SL	01771
NITROGLYCERIN 0.4 MG TABLET SL	01772

Step 2 (history of nitrates, alpha blockers, tamsulosin, or lopinavir/ritonavir)	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
NITROGLYCERIN 0.6 MG TAB SL	01773
NITROGLYCERIN ER 2.5 MG CAP	01681
NITROGLYCERIN LINGUAL 0.4 MG	92257
NITROLINGUAL 0.4 MG SPRAY	92257
NITROQUICK 0.3 MG TABLET SL	01771
NITROQUICK 0.4 MG TABLET SL	01772
NITROQUICK 0.6 MG TABLET SL	01773
NITROSTAT 0.3 MG TABLET SL	01771
NITROSTAT 0.4 MG TABLET SL	01772
NITROSTAT 0.6 MG TABLET SL	01773
NORVIR 80 MG/ML SOLUTION	26810
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224
PRAZOSIN 1 MG CAPSULE	01250
PRAZOSIN 2 MG CAPSULE	01251
PRAZOSIN 5 MG CAPSULE	01252
TAMSULOSIN HCL 0.4 MG CAPSULE	48191
TERAZOSIN 1 MG CAPSULE	47124
TERAZOSIN 2 MG CAPSULE	47125
TERAZOSIN 5 MG CAPSULE	47126
TERAZOSIN 10 MG CAPSULE	47127
TRACLEER 62.5 MG TABLET	14979
TRACLEER 125 MG TABLET	14978
UROXATRAL 10 MG TABLET	92024

Step 3 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
203	MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS
2030	MULTIPLE MYELOMA
20300	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20301	MULT MYELM W REMISSION
20302	MULTIPLE MYELOMA, IN RELAPSE

Step 3 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
2031	PLASMA CELL LEUKEMIA
20310	PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20311	PLSM CELL LEUK W RMSON
20312	PLASMA CELL LEUKEMIA, IN RELAPSE
2038	OTHER IMMUNOPROLIFERATIVE NEOPLASMS
20380	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20381	OTH IMNPRFL NPL W RMSN
20382	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204	LYMPHOID LEUKEMIA
2040	ACUTE LYMPHOID LEUKEMIA
20400	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20401	ACT LYM LEUK W RMSION
20402	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
2041	CHRONIC LYMPHOID LEUKEMIA
20410	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20411	CHR LYM LEUK W RMSION
20412	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
2042	SUBACUTE LYMPHOID LEUKEMIA
20420	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20421	SBAC LYM LEUK W RMSION
20422	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
2048	OTHER LYMPHOID LEUKEMIA
20480	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20481	OTH LYM LEUK W RMSION
20482	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
2049	UNSPECIFIED LYMPHOID LEUKEMIA
20490	UNSPECIFIED LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20491	UNS LYM LEUK W RMSION
20492	UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
205	MYELOID LEUKEMIA
2050	ACUTE MYELOID LEUKEMIA
20500	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION

Step 3 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)

Required diagnosis: 1

Look back timeframe: 180 days

ICD-9 Code	Description
20501	ACT MYL LEUK W RMSION
20502	ACUTE MYELOID LEUKEMIA, IN RELAPSE
2051	CHRONIC MYELOID LEUKEMIA
20510	CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20511	CHR MYL LEUK W RMSION
20512	CHRONIC MYELOID LEUKEMIA, IN RELAPSE
2052	SUBACUTE MYELOID LEUKEMIA
20520	SUBACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20521	SBAC MYL LEUK W RMSION
20522	SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
2053	MYELOID SARCOMA
20530	MYELOID SARCOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20531	MYL SRCOMA W RMSION
20532	MYELOID SARCOMA, IN RELAPSE
2058	OTHER MYELOID LEUKEMIA
20580	OTHER MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20581	OTH MYL LEUK W RMSION
20582	OTHER MYELOID LEUKEMIA, IN RELAPSE
2059	UNSPECIFIED MYELOID LEUKEMIA
20590	UNSPECIFIED MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20591	UNS MYL LEUK W RMSION
20592	UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
206	MONOCYTIC LEUKEMIA
2060	ACUTE MONOCYTIC LEUKEMIA
20600	ACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20601	ACT MONO LEUK W RMSION
20602	ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
2061	CHRONIC MONOCYTIC LEUKEMIA
20610	CHRONIC MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20611	CHR MONO LEUK W RMSION
20612	CHRONIC MONOCYTIC LEUKEMIA, IN RELAPSE
2062	SUBACUTE MONOCYTIC LEUKEMIA

Step 3 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
20620	SUBACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20621	SBAC MONO LEUK W RMSION
20622	SUBACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
2068	OTHER MONOCYTIC LEUKEMIA
20680	OTHER MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20681	OTH MONO LEUK W RMSION
20682	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
2069	UNSPECIFIED MONOCYTIC LEUKEMIA
20690	UNSPECIFIED MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20691	UNS MONO LEUK W RMSION
20692	UNSPECIFIED MONOCYTIC LEUKEMIA, IN RELAPSE
207	OTHER SPECIFIED LEUKEMIA
2070	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA
20700	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20701	ACT ERTH/ERYLK W RMSON
20702	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE
2071	CHRONIC ERYTHREMIA
20710	CHRONIC ERYTHREMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20711	CHR ERYTHRM W REMISION
20712	CHRONIC ERYTHREMIA, IN RELAPSE
2072	MEGAKARYOCYTIC LEUKEMIA
20720	MEGAKARYOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20721	MGKRYCYT LEUK W RMSION
20722	MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE
2078	OTHER SPECIFIED LEUKEMIA
20780	OTHER SPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20781	OTH SPF LEUK W REMSION
20782	OTHER SPECIFIED LEUKEMIA, IN RELAPSE
208	LEUKEMIA OF UNSPECIFIED CELL TYPE
28241	SICKLE-CELL THALASSEMIA WITHOUT CRISIS
28242	SICKLE-CELL THALASSEMIA WITH CRISIS
2825	SICKLE-CELL TRAIT
2826	SICKLE-CELL DISEASE, UNSPECIFIED

Step 3 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)**Required diagnosis: 1****Look back timeframe: 180 days**

ICD-9 Code	Description
28260	SICKLE-CELL DISEASE, UNSPECIFIED
28261	HB-SS DISEASE WITHOUT CRISIS
28262	HB-SS DISEASE WITH CRISIS
28263	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
28264	SICKLE-CELL/HB-C DISEASE WITH CRISIS
28268	OTHER SICKLE-CELL DISEASE WITHOUT CRISIS
28269	OTHER SICKLE-CELL DISEASE WITH CRISIS
4010	MALIGNANT HYPERTENSION
410	ACUTE MYOCARDIAL INFARCTION
4100	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL
41000	AMI ANTEROLATERAL,UNSPEC
41001	AMI ANTEROLATERAL, INIT
41002	AMI ANTEROLATERAL,SUBSEQ
4101	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL
41010	AMI ANTERIOR WALL,UNSPEC
41011	AMI ANTERIOR WALL, INIT
41012	AMI ANTERIOR WALL,SUBSEQ
4102	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL
41020	AMI INFEROLATERAL,UNSPEC
41021	AMI INFEROLATERAL, INIT
41022	AMI INFEROLATERAL,SUBSEQ
4103	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL
41030	AMI INFEROPOST, UNSPEC
41031	AMI INFEROPOST, INITIAL
41032	AMI INFEROPOST, SUBSEQ
4104	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL
41040	AMI INFERIOR WALL,UNSPEC
41041	AMI INFERIOR WALL, INIT
41042	AMI INFERIOR WALL,SUBSEQ
4105	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL
41050	AMI LATERAL NEC, UNSPEC
41051	AMI LATERAL NEC, INITIAL
41052	AMI LATERAL NEC, SUBSEQ
4106	TRUE POSTERIOR WALL INFARCTION
41060	TRUE POST INFARCT,UNSPEC
41061	TRUE POST INFARCT, INIT
41062	TRUE POST INFARCT,SUBSEQ

**Step 3 (diagnosis of sickle cell disorder, multiple myeloma, leukemia,
or cardiac condition)**

Required diagnosis: 1

Look back timeframe: 180 days

ICD-9 Code	Description
4107	SUBENDOCARDIAL INFARCTION
41070	SUBENDO INFARCT, UNSPEC
41071	SUBENDO INFARCT, INITIAL
41072	SUBENDO INFARCT, SUBSEQ
4108	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES
41080	AMI NEC, UNSPECIFIED
41081	AMI NEC, INITIAL
41082	AMI NEC, SUBSEQUENT
4109	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
41090	AMI NOS, UNSPECIFIED
41091	AMI NOS, INITIAL
41092	AMI NOS, SUBSEQUENT
411	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE
4110	POST MI SYNDROME
4111	INTERMED CORONARY SYND
4118	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE
41181	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION
41189	AC ISCHEMIC HRT DIS NEC
427	CARDIAC DYSRHYTHMIAS
4270	PAROX ATRIAL TACHYCARDIA
4271	PAROX VENTRIC TACHYCARD
4272	PAROX TACHYCARDIA NOS
4273	ATRIAL FIBRILLATION AND FLUTTER
42731	ATRIAL FIBRILLATION
42732	ATRIAL FLUTTER
4274	VENTRICULAR FIBRILLATION AND FLUTTER
42741	VENTRICULAR FIBRILLATION
42742	VENTRICULAR FLUTTER
4275	CARDIAC ARREST
4276	PREMATURE BEATS
42760	PREMATURE BEATS NOS
42761	ATRIAL PREMATURE BEATS
42769	PREMATURE BEATS NEC
4278	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS
42781	SINOATRIAL NODE DYSFUNCT
42789	CARDIAC DYSRHYTHMIAS NEC
4279	CARDIAC DYSRHYTHMIA NOS

Step 3 (diagnosis of sickle cell disorder, multiple myeloma, leukemia, or cardiac condition)

Required diagnosis: 1

Look back timeframe: 180 days

ICD-9 Code	Description
428	HEART FAILURE
4280	CONGESTIVE HEART FAILURE, UNSPECIFIED
4281	LEFT HEART FAILURE
4282	SYSTOLIC HEART FAILURE
42820	UNSPECIFIED SYSTOLIC HEART FAILURE
42821	ACUTE SYSTOLIC HEART FAILURE
42822	CHRONIC SYSTOLIC HEART FAILURE
42823	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
4283	DIASTOLIC HEART FAILURE
42830	UNSPECIFIED DIASTOLIC HEART FAILURE
42831	ACUTE DIASTOLIC HEART FAILURE
42832	CHRONIC DIASTOLIC HEART FAILURE
42833	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
4284	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42840	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42841	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42842	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42843	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
4289	HEART FAILURE NOS
458	HYPOTENSION
4580	ORTHOSTATIC HYPOTENSION
4581	CHRONIC HYPOTENSION
4582	IATROGENIC HYPOTENSION
45821	HYPOTENSION OF HEMODIALYSIS
45829	OTHER IATROGENIC HYPOTENSION
4588	OTHER SPECIFIED HYPOTENSION
4589	HYPOTENSION NOS
60789	DISORDER OF PENIS NEC

Step 4 (diagnosis of retinitis pigmentosa)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-9 Code	Description
36274	PIGMENT RETINA DYSTROPHY



Revatio (Sildenafil)

Clinical Edit Criteria References

1. Physicians' desk reference. 56th ed. Montvale, NJ: Medical Economics; 2002.
2. Revatio™ [package labeling]. Available at: http://www.pfizer.com/pfizer/download/uspi_revatio.pdf. Accessed on October 7, 2005.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
02/17/2012	<ul style="list-style-type: none">• Added a new section to specify the drugs requiring prior authorization• In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 1, 3, and 4 of the logic diagram• In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the drug names and GCNs pertinent to step 2 of the logic diagram• In the "Clinical Edit Criteria Logic" section, revised wording associated with steps 2 and 3 to further clarify the information• In the "Clinical Edit Criteria Diagram" section, revised wording associated with steps 2 and 3 to further clarify the information