

Prescriber Criteria Form  
 Sildenafil PO 2026 PA Fax 641-A v1 010126.docx  
 Revatio (sildenafil citrate)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
 Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Revatio (sildenafil citrate).

Drug Name:  
 Revatio (sildenafil citrate)

**Patient Name:**

**Patient ID:**

<b>Patient DOB:</b>	<b>Patient Phone:</b>
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**Prescriber Name:**

**Prescriber Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>
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<b>Diagnosis:</b>	<b>ICD Code(s):</b>
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**Please circle the appropriate answer for each question.**

1	Does the patient have a diagnosis of pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1)? [If no, then no further questions.]	Yes	No
2	Has pulmonary arterial hypertension (PAH) been confirmed by right heart catheterization? [If no, then no further questions.]	Yes	No
3	Has the patient previously received the requested drug for pulmonary arterial hypertension (PAH)? [If yes, then no further questions.]	Yes	No
4	Does the patient have all of the following: A) pretreatment mean pulmonary arterial pressure greater than 20 millimeters of mercury (mmHg), B) pretreatment pulmonary capillary wedge pressure less than or equal to 15 millimeters of mercury (mmHg)? [If no, then no further questions.]	Yes	No
5	Is the request for an adult patient? [If no, then no further questions.]	Yes	No
6	Does the patient have a pretreatment pulmonary vascular resistance greater than or equal to 3 Wood units?	Yes	No

Comments: _____
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_