DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Pulmonary Arterial Hypertension – Sildenafil Drug Quantity Management Policy – Per Rx
- LiQrev® (sildenafil oral suspension – CMP [obsolete 4/2025])
- Revatio® (sildenafil tablets and powder for suspension – Pfizer, generic [Revatio powder for suspension obsolete 8/2024])

REVIEW DATE: 02/02/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Sildenafil (Revatio, generic) and LiQrev are phosphodiesterase type 5 (PDE5) inhibitors indicated for the treatment of **pulmonary arterial hypertension** ([PAH] World Health Organization [WHO] Group I) **in adults** to improve exercise ability and delay clinical worsening.[1,2] Sildenafil (Revatio, generic) is also indicated for **PAH** (WHO Group I) in **patients 1 to 17 years of age** to improve exercise ability and, in pediatric patients too young to perform standardized exercise testing, pulmonary hemodynamics thought to underlie improvements in exercise.[1] Due to marketing exclusivity rights, LiQrev is not labeled with information for pediatric use.[2]

Dosing

Adult Dosing

The recommended dose of sildenafil (Revatio, generic) for the treatment of PAH in adults is 20 mg three times daily (TID). The dose may be titrated to a maximum of 80 mg TID, if

required, based on symptoms and tolerability. In clinical trials, sildenafil doses of 25 mg twice daily to 100 mg five times daily have been used for PAH.[3-5]

The recommended dose of LiQrev for the treatment of PAH in adults is 20 mg TID.[2]

Pediatric Dosing
The recommended dose of sildenafil (Revatio, generic) for the treatment of PAH in pediatric patients is based on weight (Table 1).[1]

Table 1. Sildenafil (Revatio, generic) Recommended Dosing in Pediatric Patients.[1]

Patient Weight	Recommended Dose
≤ 20 kg	10 mg TID
20 kg to 45 kg	20 mg TID
> 45 kg	20 mg TID[a]

TID – Three times daily; [a] A maximum dose in pediatric patients has not been identified. In patients weighing > 45 kg, the dose may be titrated to a maximum of 40 mg three times daily, if required, based on symptoms and tolerability.

Availability
Sildenafil (Revatio, generic) is available as 20 mg tablets and as 10 mg/mL powder for oral suspension in a 112 mL bottle (after reconstitution).[1] Revatio is also available as a 10 mg/12.5 mL vial which is not targeted in this policy.

LiQrev is available as a 10 mg/mL oral suspension in bottles of 122 mL.[2]

Off-Label Use
Sildenafil (Revatio, generic) has some data in patients with Raynaud's phenomenon at doses similar to those used for PAH.[6-8]

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of sildenafil products for PAH. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
LiQrev® (sildenafil oral suspension)	10 mg/mL oral suspension (122 mL)	122 mL (1 bottle)	366 mL (3 bottles)
Revatio® (sildenafil tablets and oral suspension, generic)	20 mg tablets (bottles of 90 tablets)	90 tablets	270 tablets
	10 mg/mL oral suspension (when reconstituted) [112 mL bottle]	112 mL (1 bottle)	336 mL (3 bottles)

Exceptions to the quantity limits listed above are covered as medically necessary when the following criteria are met. Any other exception is considered not medically necessary.

CRITERIA

Sildenafil 20 mg tablets (Revatio, generic)

1. If the patient is prescribed greater than 20 mg three times daily for pulmonary arterial hypertension (PAH) or Raynaud's phenomenon, approve a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery.

Sildenafil 10 mg/mL oral suspension (Revatio, generic) and LiQrev 10 mg/mL oral suspension

1. Approve a quantity sufficient for a 30-day supply at retail or a 90-day supply at home delivery if the patient meets ALL of the following criteria (A, B, and C):
   A) Patient meets ONE of the following (i or ii):
      i. Patient has a diagnosis of pulmonary arterial hypertension (PAH); OR
      ii. Patient has a diagnosis of Raynaud's phenomenon; AND
   B) Patient is prescribed greater than 10 mg three times daily; AND
   C) Patient is unable to swallow a 20 mg sildenafil tablet (Revatio, generic).
   Note: Round up to accommodate a whole package size (e.g., if the required dose is 20 mg three times daily [2 mL three times daily or 6 mL per day], 180 mL would be required for 30 days and 540 mL would be required for 90 days. Therefore, for sildenafil 10 mg/mL oral suspension [Revatio, generic], 224 mL [2 bottles] would be approved at retail or 560 mL [5 bottles] would be approved at home delivery. For LiQrev, 244 mL [2 bottles] would be approved at retail or 610 mL [5 bottles] would be approved at home delivery).

EXCLUSIONS

Approval of additional quantities of sildenafil (Revatio, generic) or LiQrev is NOT recommended in the following situations:

1. No overrides are recommended for use in erectile dysfunction or sexual dysfunction.

REFERENCES

1. Revatio tablets, oral suspension [prescribing information]. Morgantown, WV: Viatris; December 2024.
2. LiQrev oral suspension [prescribing information]. Farmville, NC: CMP; April 2023.
3. Ruopp NF, Cockrill BA. Diagnosis and treatment of pulmonary arterial hypertension. A review. *JAMA*. 2022;327(14):1379-1391.
4. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults. Update of the CHEST guideline and Expert Panel Report. *CHEST*. 2019;155(3):565-586.
5. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
6. Roustit M, Blaise S, Allanore Y, et al. Phosphodiesterase-5 inhibitors for the treatment of secondary Raynaud's phenomenon: systematic review and meta-analysis of randomized trials. *Ann Rheum Dis*. 2013;72:1696-1699.
7. Fernandez-Codina A, Canas-Ruano E, Pope JE. Management of Raynaud's phenomenon in systemic sclerosis – a practical approach. *J Scleroderm Relat Disord*. 2019;4(2):102-110.
8. Hinze AM, Wigley FM. Pharmacotherapy options in the management of Raynaud's phenomenon. *Curr Treat Opt Rheumatol*. 2018;4(3):235-254.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	02/09/2024
Annual Revision	No criteria changes.	02/10/2025
Annual Revision	No criteria changes.	02/02/2026