



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Sildenafil Page: 1 of 6

Effective Date: 10/15/2025 Last Review Date: 9/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

**Intent:**

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for sildenafil under the patient’s prescription drug benefit.

**Description:**

**Indications**

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications<sup>1-4</sup>

- Sildenafil is 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.
- Sildenafil is indicated in pediatric patients 1 to 17 years old for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise ability and, in pediatric patients too young to perform standardized exercise testing, pulmonary hemodynamics thought to underly improvements in exercise.

Compendial Uses

- Secondary Raynaud’s phenomenon<sup>8,9</sup>
- PAH (WHO Group I) in pediatric members less than 1 year of age<sup>A</sup>

All other indications are considered experimental/investigational and not medically necessary.

**Applicable Drug List:**

Preferred Agent:

Sildenafil 20mg tablet

Non-Preferred Agents:

Sildenafil 10mg/mL oral suspension

Sildenafil 10mg/12.5 mL IV solution

**Policy/Guideline:**

**Prescriber Specialty:**



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This medication must be prescribed by or in consultation with a pulmonologist or cardiologist for the diagnosis of pulmonary arterial hypertension (PAH).

### Coverage Criteria

#### Notes:

- Requests for sildenafil 10 mg/mL oral suspension require the patient to have a trial and inadequate treatment response or intolerance, or a contraindication to sildenafil 20mg tablets
- Requests for sildenafil 10 mg/12.5 mL IV solution require that the patient is unable to use the oral dosage forms.

#### Pulmonary Arterial Hypertension (PAH)<sup>1-7,13-18</sup>

Authorization of 12 months may be granted for treatment of PAH when ALL of the following criteria are met:

- Member has PAH defined as WHO Group 1 class of pulmonary hypertension (refer to Appendix).
- PAH was confirmed by either of the following criteria:
  - Pretreatment right heart catheterization with all of the following results:
    - Mean pulmonary arterial pressure (mPAP) > 20 mmHg
    - Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
    - Pulmonary vascular resistance (PVR) > 2 Wood units. For pediatric members, pulmonary vascular resistance index (PVRI) > 3 Wood units x m<sup>2</sup> is also acceptable.
  - For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.

#### Secondary Raynaud's Phenomenon (oral formulation only)<sup>8-12</sup>

Authorization of 12 months may be granted for treatment of secondary Raynaud's phenomenon when the member has had an inadequate response to one of the following medications:

- Calcium channel blockers
- Angiotensin II receptor blockers
- Selective serotonin reuptake inhibitors
- Alpha blockers



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- Angiotensin-converting enzyme inhibitors
- Topical nitrates

### Continuation of Therapy

Authorization of 12 months may be granted for members with an indication listed in the coverage criteria section who are currently receiving the requested medication through a paid pharmacy or medical benefit, and who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

### Appendix

#### WHO Classification of Pulmonary Hypertension (PH)<sup>16</sup>

Note: Patients with heritable PAH or PAH associated with drugs and toxins might be long-term responders to calcium channel blockers.

#### Group 1: Pulmonary Arterial Hypertension (PAH)

- Idiopathic
  - Long-term responders to calcium channel blockers
- Heritable
- Associated with drugs and toxins
- Associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis
- PAH with features of venous/capillary (pulmonary veno-occlusive disease [PVOD]/pulmonary capillary hemangiomatosis [PCH]) involvement
- Persistent PH of the newborn

#### Group 2: PH associated with Left Heart Disease

- Heart failure:
  - With preserved ejection fraction
  - With reduced or mildly reduced ejection fraction
  - Cardiomyopathies with specific etiologies (i.e., hypertrophic, amyloid, Fabry disease, and Chagas disease)



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- Valvular heart disease:
  - Aortic valve disease
  - Mitral valve disease
  - Mixed valvular disease
- Congenital/acquired cardiovascular conditions leading to post-capillary PH

#### Group 3: PH associated with Lung Diseases and/or Hypoxia

- Chronic obstructive pulmonary disease (COPD) and/or emphysema
- Interstitial lung disease
- Combined pulmonary fibrosis and emphysema
- Other parenchymal lung diseases (i.e., parenchymal lung diseases not included in Group 5)
- Nonparenchymal restrictive diseases:
  - Hypoventilation syndromes
  - Pneumonectomy
- Hypoxia without lung disease (e.g., high altitude)
- Developmental lung diseases

#### Group 4: PH associated with Pulmonary Artery Obstructions

- Chronic thromboembolic PH
- Other pulmonary artery obstructions:
  - Sarcomas (high- or intermediate-grade or angiosarcoma)
  - Other malignant tumors (e.g., renal carcinoma, uterine carcinoma, germ-cell tumors of the testis)
  - Non-malignant tumors (e.g., uterine leiomyoma)
  - Arteritis without connective tissue disease
  - Congenital pulmonary artery stenoses
  - Hydatidosis

#### Group 5: PH with Unclear and/or Multifactorial Mechanisms

- Hematological disorders, including inherited and acquired chronic hemolytic anemia and chronic myeloproliferative disorders
- Systemic disorders: Sarcoidosis, pulmonary Langerhans cell histiocytosis, and neurofibromatosis type 1



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- Metabolic disorders, including glycogen storage diseases and Gaucher disease
- Chronic renal failure with or without hemodialysis
- Pulmonary tumor thrombotic microangiopathy
- Fibrosing mediastinitis
- Complex congenital heart disease

#### Approval Duration and Quantity Restrictions:

**Approval:** 12 months

#### Quantity Level Limit:

- Sildenafil 20mg tablets: 360 tablets per 30 days
- Sildenafil 10mg/mL suspension: 784mL per 30 days

#### References:

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