



**Medicare Part D – 2016**

**Prior Authorization Group Description**

REVATIO

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

Patients taking nitrates (e.g., Nitrodur, Nitrobid, Nitrostat, Isordil, Ismo). Patients taking a GC stimulator, such as riociguat (Adempas)

**Required Medical Information:**

**Age Restrictions:**

**Prescriber Restrictions:**

**Coverage Duration:**

Length of benefit.

**Other Criteria:**