

<b>POLICY NAME</b>	Samsca (tolvaptan)	<b>POLICY #</b>	<b>2451P</b>
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## Criteria

### Coverage Criteria for Treatment of Hypervolemic or Euvolemic Hyponatremia

- ☐ 1.1 Diagnosis of clinically significant high volume or normal volume low sodium levels indicated by low blood sodium (<125 mEq/L) or less severe low blood sodium with symptoms that cannot be corrected by fluid restriction
- ☐ 1.2 Treatment started in the hospital
- ☐ 1.3 Dosing will be limited so that the maximum increase in blood sodium levels is 12 mEq/L within 24 hours
- ☐ 1.4 Documentation that the member is not experiencing urine blockage
- ☐ 1.5 All strong CYP3A inhibitors will be discontinued
- ☐ 1.6 Not for use in patients with autosomal dominant polycystic kidney disease (ADPKD)
- ☐ 1.7 For brand Samsca, documented trial and failure of generic tolvaptan tablets.