

POLICY NAME	Samsca (tolvaptan)	POLICY #	2451P
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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.