

Tolvaptan (Samsca)

Coverage Criteria:

Reserved for patients:

1. With clinically significant hypervolemic and euvolemic hyponatremia with:
 - a. Serum sodium <125 mEq/L or;
 - b. Serum sodium 125 -135 mEq/L that is symptomatic and has resisted correction with fluid restriction and;
2. When prescribed by a specialist; and,
3. The patient and/or guardian has attested that they will adhere to the treatment plan; and
4. When prescribed according to the FDA approved starting regimen of 15 mg daily and titrated to a maximum of 60 mg daily.

Brand name drugs for which there is an equivalent generic are reserved for patients with a documented allergic reaction to the equivalent generic. Patients must meet all other coverage criteria.

Coverage Duration:

Initial authorizations will be for 12 months.

Renewal Criteria:

Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 12 months and that serum sodium has normalized or improved.