

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Euvolemic or hypervolemic hyponatremia

AND the following:

1. Medication **HAS** or **WILL BE** initiated in the hospital where serum sodium can be monitored closely

AND NONE of the following:

1. Used for the treatment of autosomal dominant polycystic kidney disease (ADPKD)
2. Used for hypovolemic hyponatremia
3. Patients requiring intervention to raise serum sodium urgently to prevent or to treat serious neurological symptoms
4. Significant liver disease (including cirrhosis)
5. Anuria
6. Dual therapy with Jynarque (tolvaptan)

Prior - Approval Limits

Quantity

Strength	Quantity
15 mg	120 tablets per 30 days
30 mg	

Duration 1 month (30 days)

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis



**BlueCross.
BlueShield.**

Federal Employee Program.

**SAMSCA
(tolvaptan)**

Patient must have the following:

Euvolemic or hypervolemic hyponatremia

AND ALL of the following:

1. Medication **HAS** or **WILL BE** initiated in the hospital where serum sodium can be monitored closely
2. There has been at least a 30 day lapse between the last course of therapy and this course of therapy

AND NONE of the following:

1. Used for the treatment of autosomal dominant polycystic kidney disease (ADPKD)
2. Used for hypovolemic hyponatremia
3. Patients requiring intervention to raise serum sodium urgently to prevent or to treat serious neurological symptoms
4. Significant liver disease (including cirrhosis)
5. Anuria
6. Dual therapy with Jynarque (tolvaptan)

Prior - Approval *Renewal* Limits

Same as above