

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Tolvaptan (Samsca)

Notes:

- Quantity limits: Yes

Was the patient initiated or re-initiated on Samsca in the hospital setting for hyponatremia?

- If yes, approve for a total duration of treatment (including inpatient) of 30 days maximum due to hepatotoxicity with a max dose 60 mg/day (2 30 mg tablets)
- If no, do not approve. Samsca for hyponatremia must be started in-patient due to risk of rapid sodium correction and osmotic demyelination [Boxed Warning]

Initiation (new start) criteria: Non-formulary **tolvaptan (Samsca)** will be covered on the prescription drug benefit for no more than 30 days total including inpatient days when the following criteria are met:

- Prescriber is a Cardiologist, Hepatologist, Nephrologist, Endocrinologist, Intensivist (Pulmonary/Critical Care), or Gastroenterologist
- Therapy was initiated or re-initiated in the hospital

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **tolvaptan (Samsca)** will be covered on the prescription drug benefit for no more than 30 days total including inpatient days when the following criteria are met:

- Prescriber is a Cardiologist, Hepatologist, Nephrologist, Endocrinologist, Intensivist (Pulmonary/Critical Care), or Gastroenterologist
- Therapy was initiated or re-initiated in the hospital

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **tolvaptan (Samsca)** will be covered on the prescription drug benefit for no more than 30 days total including inpatient days when the following criteria are met:

- Prescriber is a Cardiologist, Hepatologist, Nephrologist, Endocrinologist, Intensivist (Pulmonary/Critical Care), or Gastroenterologist