

## torsemide mg tablet (SOAANZ)

## Diagnoses Considered for Coverage:

- Hypertension
- Edema

## **Coverage Criteria:**

## For diagnosis of hypertension or edema, approve if:

- Intolerance or contraindication to preferred torsemide (5 mg, 10 mg, 20 mg, 100 mg) tablets not expected with Soaanz, and
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 09/27/2023